DOCUMENT RESUME

ED 146 748 EC 103 052

AUTHOR	Harris, Kenneth L.; And Others
TITLE	Teacher Reference Manual for Assessment Instruments for the Severely Developmentally Impaired.
INSTITUTION	Southwest Regional Resource Center, Salt Lake City, Utah.
SPONS AGENCY	Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE	Aug 77
CONTRACT	OEC-0-74-7893
NOTE	128p.
EDRS PRICE	MF-$0.83 HC-$7.35 Plus Postage.
DESCRIPTORS	*Developmental Disabilities; *Educational Diagnosis; Elementary Secondary Education; Evaluation Methods; Preschool Education; *Severely Handicapped; *Standardized Tests; *Student Evaluation; Test Construction; Testing; Test Interpretation; Test Reviews

ABSTRACT

Presented are abstracts and general information on 28 instruments useful for educational assessment of severely developmentally impaired students. An introductory section provides brief discussions on the limitations of the instruments, general rules for administering standardized tests, norm referenced tests, criterion referenced tests, standardized tests, nonstandardized tests, tracking systems, and the test battery. For each test, information is given on the following: name, author, publisher, cost, abstract, brief description of test, test construction format, test purpose, type of response, population and age, estimated time of assessment, test materials, directions for administering and scoring, and interpretation. Among the measures reviewed are the Behavioral Developmental Profile, California Preschool Social Competency Scale, Fairview Behavior Evaluation Battery for the Mentally Retarded, Teacher-Constructed Inventory of Development, and the Visual Motor Gestalt Test. Appended are a list of tests along with the addresses of their publishers, a sample copy of the Meyer Children's Rehabilitation Institute Early Childhood Education Program Developmental Scales, operational definitions, and suggested personnel qualifications for the administration of assessment instruments. (SBH)

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TEACHER REFERENCE MANUAL FOR ASSESSMENT INSTRUMENTS FOR THE SEVERELY DEVELOPMENTALLY IMPAIRED

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Office of Education
U.S. Department of Health, Education and Welfare

EC103052

OE Contract No. OEC-0-74-7893

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Preface

Measuring the educational progress of severely developmentally impaired children and youth presents a challenge unmatched in educational measurement. If the rate of progress im compared to that made by "normal" students, movement is indeed not as rapid. If the measurement instruments used are those generally employed with other populations of students, the progress made may go undetected. Educators who work with severely impaired children and youth know that their students do progress and that changes occur, even if in small increments. However, expressing this progress in the child's school records, sharing it with parents, or documenting it for administrators is too often an elusive process.

Faced with the need to adequately measure educational progress of the severely developmentally impaired, the Division of Special Education, New Mexico State Department of Education, requested that the Southwest Regional Resource Center provide technical assistance in producing basic information on a list of available measurement instruments that are designed for use with this special population. Consultants were subsequently identified and a subcontract written for production of this manual.

Because this work was undertaken at the request of New Mexico, the terminology reflects that of New Mexico's statutory language. The book should prove just as useful, however, to teachers of the severely handicapped in the other states served in Region 3 (Arizona, Colorado, Nevada, Utah and the Bureau of Indian Affairs schools), as well as in other sections of the country.

The instruments abstracted and discussed in this manual are those utilized by the consultants in their daily work with severely developmentally impaired individuals. Exclusion of an instrument should not connote any judgment as to value or lack of value. This product, like others produced by the Southwest Regional Resource Center, is intended to add to or enhance existing expertise of special educators, and in this case, of those who deliver educational programs to the severely developmentally impaired.

TABLE OF CONTENTS

Preface iii

Introduction 1

Limitations 1

General Rules for Administering Standardized Tests 2

Norm-Referenced Tests 3

Criterion-Referenced Tests 3

Standardized Tests 4

Nonstandardized Tests 4

Tracking Systems 5

Test Battery 7

Discussion Section--Abstracts and General Information about some Assessment Instruments for the Severely Developmentally Impaired 9

AAMD Adaptive Behavior Scale 11
Austin Spanish Articulation Test 14
Behavioral Developmental Profile 16
Bzoch-League Receptive-Expressive Emergent Language Scale 18
Cain-Levine Social Competency Scale 21
California Preschool Social Competency Scale 24
Callier-Azusa Scale 27
Communicative Evaluation Chart from Infancy to Five Years 30
Denver Developmental Screening Test 32
Fairview Behavior Evaluation Battery for the Mentally Retarded . 35
Harris Test of Lateral Dominance 38
Lakeland Village Adaptive Behavior Grid 41
Northwestern Syntax Screening Test 43
Peabody Picture Vocabulary Test 46
Portage Project Checklist 50
Preschool Attainment Record (PAR) 53
The Primary Progress Assessment Chart of Social Development . . . 56
A Programmatic Guide to Assessing Severely/Profoundly Handicapped Children 59
Santa Cruz BCP Observation Booklet 62
Slosson Intelligence Test for Children and Adults (SIT) 65

The Southern California Sensory Integration Tests. 68
TARC Assessment System 71
Teacher-Constructed Inventory of Development 74
Test for Auditory Comprehension of Language, English/Spanish . . 76
TMR Performance Profile for the Severely
and Moderately Retarded. 79
Utah Test of Language Development. 83
Vineland Social Maturity Scale 86
Visual Motor Gestalt Test. 89

Appendix A: Tests and Publishers. 93

Appendix B: Meyer Children's Rehabilitation Institute Early
Childhood Education Program Developmental Scales. . . 103

Appendix C: Operational Definitions 123

Appendix D: Suggested Personnel Qualifications for the
Administration of Assessment Instruments. 129

Teacher Reference Manual for Assessment Instruments for the Severely Developmentally Impaired

Introduction

Educational assessment should yield data that will be helpful in two areas: placement of an individual in the most suitable program, and measurement of the individual's progress while in the program. The assessment data may be collected from a variety of instruments, including some designed for different purposes. This document discusses the use of norm-referenced and criterion-referenced tests, standardized and nonstandardized tests, and methods for the classroom teacher to track progress of individual students. Secondary benefits of educational assessment for the administrator and educator--such as data collection for program evaluation--are also discussed.

Limitations

The instruments described in the discussion section were chosen because of their suitability for use by teachers, administrators, or diagnosticians in public schools. A few of the instruments should be administered and interpreted only by educational diagnosticians, but they are included here because of their unique purposes. In addition, educators who work with the severely developmentally impaired should know of their availability and of the information that can be obtained through their use.

Certain of the instruments should be administered by diagnosticians for placement purposes but could be used by trained teachers for programming purposes. All instruments discussed are listed in Appendix D and coded to indicate whether the test should be given only by an educational diagnostician or whether a trained teacher could also administer the test. Educators in all states should be knowledgeable about the rules governing test adminstration and interpretation in their states before testing students. IN ANY CASE, NEITHER TEACHERS NOR DIAGNOSTICIANS SHOULD ADMINISTER OR ATTEMPT TO INTERPRET ANY OF THE TESTS WITHOUT PRIOR TRAINING. When a test protocol or manual lists the persons who can administer the test, direct quotes are included. When such information is not available from the publisher, the listing of persons who can administer and interpret the test reflects the authors' considered opinions.

Some instruments were excluded from discussion because they essentially duplicate included tests; this is especially true of the developmental instruments. Other instruments were identified but were not available as this manual was being prepared; they are listed in Appendix A; however, the value of these tests is not known to the authors.

The following general instructions for use of tests should be carefully read and followed by anyone administering any of the instruments in this document. In addition many of the instruments include directions for administration of the specific test. Instructions in those manuals should be followed precisely or standardization will be broken.

General Rules for Administering Standardized Tests

The degree of competencies needed in the administration of standardized tests varies from those tests which require special courses and extreme sophistication in the methods of assessment, to tests which only require being familiar with the test manual and test materials. Regardless of which type of test is being administered, some general rules need to be followed in the administration of standardized tests. These general rules are:

1. The tester must be sensitive to the testing conditions. The physical environment should be as comfortable as possible, with proper ventilation, lighting, temperature, etc. It should be free of as many distractions as possible; this is particularly true in the assessment of mentally handicapped individuals.

2. The tester should remember that the most important responsibility is in providing the instructions to the subject. This is particularly true in administering standardized tests. The test materials should be given to each individual exactly as directed in the manual. It is important when assessing severely impaired individuals that the administrator convey the information needed by the child so the child understands the expectations of the task. With more difficult cases, and in testing the limits, the tester may need to modify the test manual instructions. This document includes suggested adaptations of specific tests for use with severely developmentally impaired individuals.

3. Many times the standard directions will provide opportunities for the subject to ask questions. Answering of these questions should be open, but not provide hints or information relating to the test materials.

4. The examiner should assist the subject in maintaining a high level of motivation. Generally, praise should be given generously to help maintain the highest level of motivation; this is particularly true in the assessment of mentally handicapped children. There are occasions, however, when praise can be overdone and the examiner should be sensitive to these situations. A competent examiner will soon become aware of the optimum level of encouragement to be given when administering tests.

5. The motivation of the individual is important; unless the individual cares about the results, the scores will convey inaccurate information about his abilities.

6. Establishing rapport and preparing the subject for the test are important. Many times the evaluative situation can produce such a high degree of anxiety in the subject that the scores do not represent his abilities. Becoming familiar with the examinee and helping him adjust to the testing situation is important in securing the best possible results. Probably nothing helps more in establishing rapport than encouraging the examinee.

7. Under no conditions should an administrator show dissatisfaction with a response. This may cause the child to lose confidence and withdraw.

8. Not all subjects will be cooperative; therefore, it is mandatory that the examiner be familiar enough with the testing materials that he can adjust the testing to the uniqueness of the individual or situation.

Norm-Referenced Tests

Norm-referenced tests consist of a series of items which have been "normed;" that is, they have been determined to be within the capabilities or to be characteristic of a majority of the individuals to whom they are presented at a given age or time. Norm-referenced tests are used to compare an individual's performance or characteristics to the norm and thus determine individual differences in the developmental areas being assessed. Norm-referenced tests are most useful in assessing the severely and profoundly mentally handicapped in: 1) establishing an intelligence quotient (IQ) or level of retardation; 2) determining an approximate mental age (MA); 3) profiling strengths and weaknesses within the individual; and 4) suggesting a teaching entry level.

Criterion-Referenced Tests

Criterion-referenced tests consist of a series of items designed to determine the level of development of an individual's skill. For example, to determine a person's skill level in arithmetic, a series of arithmetic problems might be presented. If the individual were able to add two single-digit numbers but not three single-digit numbers, then the test would have identified his skill level of development. The results, however, would not allow the educator to draw any conclusions about the person's MA, his IQ, or how he compares to the general population. No reference is made or assumed by these tests to norms for achievement nor are they assumed to represent an exact developmental sequence. Therefore, criterion-referenced tests are most useful for placing an individual at a

point in development of a skill or skills and for tracking progress toward further development. Educators will find criterion-referenced tests useful with the severely and profoundly mentally handicapped in assessing: 1) skill level in a teaching task, 2) appropriate teaching entry level, 3) the increment within the skill level, 4) progress in skill development, 5) the next teaching task in the skill, and 6) pre- and post-intervention achievement. Criterion-referenced tests are thus the best instruments for tracking progress in the severely mentally handicapped.

Standardized Tests

Standardized tests require uniform administration of a set of specific items for proper interpretation. Standardized tests are usually norm-referenced. The purpose of standardization is to reduce to a minimum the variability of the task and the task presentation so that any variation from the norm in performance may be assumed to be due to variability in the individual's ability level. This point is of extreme importance to the person administering or interpreting standardized tests. The test administrator may experience a strong temptation to "fudge" in either presenting the task or in scoring the results. The "fudge" need is usually associated with a desire to have the client do well or to determine the limits of the client's capability. There are reasons to "fudge" or break standardization. For example, severely mentally handicapped persons, either because of failure to understand directions or because of a multiple handicap, may require a change in the standardized administration or an alteration of the task in order to be able to attempt the task. However, either break in the standardization affects interpretation of the results and no longer allows use of the test as a norm-referenced instrument since the change in the instructions or in the task has introduced a source of variability that was not there for all others taking the test; the examiner then cannot assume that all variability is due to the individual's capability. Still, the information gained about individual functioning may be well worth the effort of administering the test. Standardized tests include directions for administration of the test. It should be apparent that since norm-referenced tests seek to establish the individual's position relative to the norm, they will also probably be standardized.

Nonstandardized Tests

Nonstandardized tests do not require standard administration of the items. The examiner may use any available method of task presentation to assist the client in understanding the task without affecting interpretation of the results. The typical purpose of nonstandardized tests is to determine the limits of the individual's capability or skill development without comparison to a norm. As might be expected, criterion-referenced tests tend to be nonstandardized although not all nonstandardized tests are criterion-referenced.

Tracking Systems

A major purpose of and an important benefit from educational assessment is to monitor and to evaluate an individual's progress in the educational system. The typical model establishes the student's level of achievement prior to admission to an educational program by a pretest and establishes the level of achievement at the conclusion of the program (or at a preestablished period of time, frequently the conclusion of the school year) by a posttest. The difference between the pre- and posttest scores (on one or several instruments) is taken as a measure of the individual's achievement. Teacher observations and teacher-constructed tests provide supplemental information for evaluation of the individual's progress. The severely and profoundly mentally handicapped present a strong challenge to this model.

When norm-referenced, standardized or nonstandardized tests are used as the pre- and posttest instruments, scores for a group of severely impaired individuals may show no change. In fact, many individuals at certain chronological age (CA) levels (CA 11-0 or older) will show a decline in IQ. These results may occur when the teacher and administrator, through observation, feel quite certain that the students are progressing. The administrator facing these results appears to have four choices for interpretation, none of them appealing: he or she may conclude that 1) the teacher has not been effective, 2) the educational program has not been effective, 3) the clients are all regressing, or 4) severely handicapped people are not educable. Fortunately, there is another, more valid, interpretation of the results: the problem actually lies in the instrument. Norm-referenced instruments sample a wide range of skills and capabilities and deal very little with developmental sequences within a skill area. These tests are designed so that the results speak to global capabilities--a cross-section of the individual's abilities. In addition, these tests are normed on individuals who follow an uneventful course of development--so called "normal" persons. Therefore, at the early ages, when the normal person is developing very rapidly and over a broad spectrum of skills, these tests tend to sample proportionately fewer skills and to contain fairly large skill increments between items. Because of the degree of retardation present in the severely mentally handicapped, even those individuals with a CA in the second and third decade will have MAs under 5-0. Consequently, measurement with norm-referenced tests may not test any skill included in the educational program, and will in all probability be too insensitive to change (due to the large skill increments between items) to reflect the learning in this population.

A better means to track progress of the severely mentally handicapped is the criterion-referenced test. A criterion-referenced test of the developmental type is particularly useful in assessing the pre- and postintervention levels of achievement and in tracking progress en route. The instrument used should conform to the curriculum of the educational program; i.e., the skills taught in the educational program should be the skills itemized in the developmental sequence of

the test. The preintervention assessment which utilizes a developmental scale establishes an entry level for teaching. The entry level will be the item in the developmental sequence which follows the last item accomplished by the individual in the preintervention assessment. As items in the sequence are achieved and documented en route, the effectiveness of the teaching, of the intervention program, and of specific intervention techniques are also documented. The postintervention assessment report may consist of a summary of the number and variety of developmental items added to the mentally handicapped person's behavioral and skills repertoires.

An additional benefit of a criterion-referenced, developmentally sequenced tracking system is the reinforcement the system offers to the educator. Because severely mentally handicapped persons typically require a large number of trials to task acquisition, educational progress is slow. The educator, therefore, has little opportunity to receive the most rewarding of reinforcements, rapid progress on skill development by pupils. A tracking system that notes achievement entry levels, dates of attainment, skill levels en route, and exit levels of achievement is ongoing, concrete evidence of pupil progress and provides consistent reinforcement to the teacher.

This document discusses several developmental scales or schedules which may be used as part of a tracking system. However, if none of these adequately matches the educational curriculum, a teacher-made scale may be developed by: 1) preparing a list of skills to be acquired by the pupil; 2) task-analyzing these skills; and 3) stating the outcomes of the task analysis as performance objectives. The performance objectives should be developmentally sequenced. An example of a teacher-made developmental scale comprises Appendix B.

Regardless of the source of the criterion-referenced test used as the instrument in a tracking system, the system should include the following elements:

1. A developmentally sequenced instrument with small skill increments (the skill sequences should closely match the educational curriculum of the intervention program).

2. A document on which can be recorded:

    a. date of the preassessment;
    b. entry level as determined by the preassessment in each skill area included in the curriculum;
    c. dates of achievement of each succeeding item in the developmental sequence;
    d. date of the postassessment at the conclusion of the teaching period;
    e. exit level as determined by postassessment of each skill area included in the curriculum.

Test Battery

A minimum test battery for assessment of severely handicapped individuals should be multipurposed, and should incorporate norm-referenced, criterion-referenced, standardized and nonstandardized instruments. The battery should include:

1. A measure of global intellectual functioning which will yield scores for IQ, level of overall functioning and, most importantly, MA;

2. A measure of language with particular focus in determining the level of receptive language;

3. A developmental scale covering a wide range of skills;

4. A behavioral description of specific behaviors which might interfere with the pupil's functioning.

A battery including tests of these types will provide educators with a profile of the pupil's adaptive behavior and developmental-level deficits and with a measure of the student's general capability and functioning level. In addition to this minimum battery, other instruments may be needed to measure specific deficits. The educator, therefore, should consider the individual student and choose tests that will produce the maximum amount of reliable and valid information.

Discussion Section

Abstracts and General Information
about some Assessment Instruments
for the Severely Developmentally Impaired

ABSTRACT

Name: AAMD Adaptive Behavior Scale

Author: American Association on Mental Deficiency

Publisher: American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Cost: $5.00 per manual; $1.00 per scale

The AAMD Adaptive Behavior Scale was devised to provide a measuring device for assessment of the mentally handicapped, emotionally maladjusted or developmentally impaired individual. The test provides information on the individual's effectiveness in coping with his environment and on the maladaptive behavior of the individual.

> The Scale is designed to permit administration by people without a great deal of special training, as well as by professionals. It may be used by institutional aides and nurses, parents, out-reach workers, community service technicians, teachers, workshop supervisors, home teachers, protective service workers, etc., as well as by psychologists, social workers, speech and hearing personnel, and other more specially trained professionals (p. 9).[1]

Information can be secured for mentally handicapped children and adults. The test requires from twenty to thirty minutes to administer.

[1]AAMD Adaptive Behavior Scale Manual. Washington, D.C.: American Association on Mental Deficiency. 1974 revision.

AAMD ADAPTIVE BEHAVIOR SCALE

General Information

Brief Description of Test. The AAMD Adaptive Behavior Scale is an assessment device which was designed to assess mentally handicapped or other individuals who would be diagnosed as developmentally impaired. The test provides information on adaptive behavior functioning in twelve essential categories of daily living. Most of these categories are incorporated as part of the curriculum for the education of severely and profoundly handicapped individuals. The scale also provides a behavioral description of the individual assessed.

Test Construction Format. The assessment is a standardized test intended to describe the individual's daily functioning rather than compare his performance with the average performance of other individuals.

Test Purpose. The scale serves primarily as a diagnostic tool.

Type of Response. The assessment utilizes a nonverbal test with recording of behavioral observations. The information may also be obtained from someone who is familiar with the individual being assessed.

Population and Age. Because of its nonverbal nature the test can be applied for all ages of individuals diagnosed as developmentally impaired.

Estimated Time of Assessment. The test requires twenty to thirty minutes to administer.

Test Materials

Test materials consist of a manual and a booklet-form protocol in two sections: part one assesses the adaptive behavior functioning; part two records a behavioral description.

Directions for Administration and Scoring

1. The AAMD Adaptive Behavior Scale provides a detailed descriptive manual which contains all information needed to administer and score the developmental scale.

2. Because an interview technique is often needed, the examiner must be familiar with the criterion levels of each of the developmental scales.

3. The educator may find it necessary to establish formal situations to assess what the child can do on various developmental scales. It is vital that the teacher become familiar with the behavioral functioning of the child if the teacher is to use the assessment device in establishing educational goals and measuring the child's progress towards those goals.

4. The manual contains information needed for scoring the profile sheet which is provided with the protocol. This sheet provides a visual description of the strengths and weaknesses of the student.

5. The scale provides tables which establish percentile ranks for the child. The educator needs to be aware of what interpretations can be made from these percentile ranks. (A definition of percentile rank is provided in the definition section of this document, p. 123.)

Interpretation

1. The AAMD Adaptive Behavior Scale is one of the better measures on the market for providing a developmental description of a child's functioning. The test also has the advantage of being more sensitive to child progress than some of the more general developmental scales.

2. By using item analysis, the educator using the AAMD Adaptive Behavior Scale would probably gain the most useful information for establishing eductional goals and programming.

3. The profile sheet provided by the protocol identifies strengths and weaknesses of the student. This information could be useful in several ways: 1) it may assist the educator in knowing what abilities the child has that could help him compensate for weaknesses; 2) it may assist the teacher in identifying behaviors for which the child could gain the greatest amount of recognition and praise; 3) it may assist the teacher in knowing what activities might provide opportunities for the child to function independently, thus enabling her to assist another child on the instructional level. The teacher should keep in mind, however, that all levels of the developmentally disabled child are well below the normal population; the teacher should concentrate on improving the child's strengths as well as weaknesses.

4. The AAMD Adaptive Behavior Scale provides a detailed description of inappropriate behaviors. Part two of the protocol lists specific behavioral categories which would help the educator identify specific maladaptive behaviors that need to be changed. This type of information will help in developing specific behavior modification programs for maladaptive behaviors.

ABSTRACT

Name: Austin Spanish Articulation Test

Publisher: Learning Concepts, Inc.
2501 North Lamar
Austin, Texas 78705

Cost: $14.95, Examiner's Kit

This test was included mainly to inform teachers who have bilingual or Spanish-speaking children in their classroom of the availability of this device.

> The Austin Spanish Articulation Test is designed primarily for use by speech pathologists and is administered following standard articulation test procedures. In addition to having experience in articulation testing, test administrators must have a working knowledge of the Spanish phonemic system (p. 3).[2]

[2] Austin Spanish Articulation Test. Austin, Texas: Learning Concepts, Inc. 1974.

AUSTIN SPANISH ARTICULATION TEST

General Information

Brief Description of Test. The Austin Spanish Articulation Test is a diagnostic tool which could provide information to the educator as to language difficulties that a child may have in the articulation of Spanish.

Test Construction Format. The assessment device is a standardized test which is administered in a formal setting on an individual basis.

Test Purpose. The test is to be used only as a diagnostic tool.

Type of Response. The assessment requires verbal abilities.

Population and Age. The test is said to be appropriate for children three years of age or older.

Estimated Time of Assessment. The assessment takes twenty to thirty minutes to administer, depending upon the ability of the child.

Test Materials

The test materials consist of a manual which contains stimulus sentences and pictures; a protocol is also provided. No other materials are needed in the administration of the test.

Directions for Administration and Scoring

1. The Austin Spanish Articulation Test was designed primarily for speech pathologists. Teachers may need to obtain assistance from speech pathologists for the administration, interpretation and scoring of this test.

2. In test procedure the examiner reads a stimulus sentence leaving out a final word. The child is to produce the final word; his articulation abilities are then scored. The test is intended to identify weaknesses in expressive language skills.

ABSTRACT

Name: Behavioral Developmental Profile

Publisher: Marshalltown Project, J. Montgomery
507 East Anson
Marshalltown, Ohio 50158

Cost: $3.00, profile; $6.00, manual; $1.50, score tablet;
$2.00, work pad

This device was designed to assist in the assessment of handicapped and culturally deprived children between the ages of birth to six years; the profile is a normal developmental scale and may be applied to any population. The test was intended to assist in the establishment of educational programs for preschool children in the home setting. The profile consists of developmental skills in three areas: communication, motor, and social. Familiarity with the test material is all that is needed to administer this test.

BEHAVIORAL DEVELOPMENTAL PROFILE

General Information

Brief Description of Test. The Behavioral Developmental Profile was devised to assist in the assessment of handicapped and culturally deprived children between the ages of birth to six years. It was designed to facilitate the teaching of preschool children within the home setting.

Test Construction Format. The profile is a developmental scale based upon the development patterns of normal children.

Test Purpose. The assessment device is intended to be a diagnostic tool as well as to provide a systematic guide for program planning.

Population and Age. Because the items listed are based on patterns of "normal" child development, the profile is not restricted to any particular population. The scale is intended to assess children between birth and six years.

Estimated Time of Assessment. The profile is untimed

Test Materials

Test materials consist of a manual and a protocol sheet. No other materials are needed for the assessment.

Directions for Administration and Scoring

1. The format consists of observing the child and recording criterion met and those failed.

2. The manual provides all necessary instructions to administer and score the developmental profile.

Interpretation

1. The test device provides information on behavioral objectives and strategies which would assist in the development of programming for the child. Although the assessment device was designed to be used for children in a home setting, a classroom teacher could gain information from the device to assist in establishing educational goals and curriculum activities.

2. The device has a total age score; however, this assessment score would probably not be sensitive to behavior change as a result of intervention techniques. By using item analysis, progress could be noted on a pretest-posttest basis.

ABSTRACT

Name: Bzoch-League Receptive-Expressive Emergent Language Scale

Authors: Kenneth R. Bzoch, Richard League

Publisher: Anhinga Press
P.O. Box 13501
Gainesville, Florida 32304

Cost: $14.50, manual and 25 forms

The Bzoch-League Receptive-Expressive Emergent Language Scale could provide information to teachers about the receptive and expressive language abilities of individuals suspected of functioning below the mental age of three years. The assessment device consists of a developmental scale which is administered via an interview of someone familiar with the child. The test will provide a receptive language age and an expressive language age; a quotient for each of these levels is also obtained. The test takes approximately twenty minutes to administer.

BZOCH-LEAGUE RECEPTIVE-EXPRESSIVE EMERGENT LANGUAGE SCALE

General Information

Brief Description of Test. The Bzoch-League Receptive-Expressive Emergent Language Scale can assist the educator in investigating emergent receptive and expressive language skills in children between the ages of one month and three years. It is intended to assist in detecting language handicaps. The scales assess the various developmental age levels in both receptive and expressive language abilities.

Test Construction. The test is a developmental scale which contains developmentally sequenced items within specific age periods, using monthly intervals for the first year, and two-month intervals for the next two years. There are six items per developmental period: three for receptive language skills and three for expressive.

Test Purpose. The assessment device is primarily a screening instrument, but item analysis would enable use as a diagnostic tool.

Type of Response. The assessment device requires both verbal and nonverbal responses. Information about the child is obtained by interviewing an informant familiar with the child being assessed. The examiner may, however, obtain the information by observing the child in formal settings.

Population and Age. This scale could be used for the assessment of severely handicapped individuals suspected of functional language-age abilities between zero and three years.

Test Materials

Test materials consist of a manual and a protocol. In addition to containing precise directions on administering and scoring the assessment device, the manual provides the theoretical assumption of the test and information pertaining to stages and patterns of emergent language development.

Directions for Administering and Scoring

1. The evaluator must be familiar with all test items and criterion levels.

2. Scoring consists of placing a plus (+) by items which the child can perform, and a minus (-) by items which the child cannot. A plus/minus ($\pm$) can be scored when a behavior is only partially accomplished.

3. The establishment of basal and ceiling levels is described in the manual. The ceiling, or highest level of functioning, establishes the Receptive Language Age and the Expressive Language Age.

Interpretation

1. This assessment can be useful to those working with severely handicapped individuals. It should be kept in mind, however, that the scores obtained from this assessment are global scores and would primarily serve as screening information. It is probably one of the better scales which will provide both receptive and expressive language-age estimates below the age of three years.

2. A Receptive Quotient, an Expressive Quotient and a Language Quotient can be obtained from the test. These measures probably would not be sensitive to change, but could provide some measure of development in these abilities if several scores were compared over time. That is, if these quotients remained the same or increased with chronological age, it could be assumed that the child had not stabilized in the development of these abilities.

ABSTRACT

Name: Cain-Levine Social Competency Scale

Authors: Leo F. Cain, Samuel Levine, Freeman Elzey

Publisher: Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306

Cost: $1.75 per specimen test

The Cain-Levine Social Competency Scale is devised to rate the social competence of trainable, mentally handicapped children. The scales are for self-help skills, social skills, initiative (self-direction), and communication; they were standardized on a population of trainable mentally retarded children between the ages of five and thirteen. Thus, a child could be compared with a percentile rank against a mentally retarded population. However, many of the items deal with skills which would be deemed maturational in a normal child. The information is obtained by interviewing an individual who has had considerable opportunity to observe the child. The test could be administered to obtain information about a retarded child who would be diagnosed as trainable. The time taken to administer the test is generally fifteen minutes.

CAIN-LEVINE SOCIAL COMPETENCY SCALE

General Information

Brief Description of Test. The Cain-Levine Social Competency Scale consists of four subtests: self-help, initiative, social skills and communication. The test is primarily devised to provide information about the growth and development of trainable, mentally handicapped children. The scale consists of items which are said to be a representative sample of behavior for the social competencies of mentally retarded children.

Test Construction Format. Standardization data were obtained from trainable, mentally retarded children from the ages of 5 years to 13 years.

Test Purpose. The test is intended to be a screening device; however, some diagnostic information can be obtained.

Type of Response. The test is administered by interviewing the parent or another individual who is familiar with the subject.

Population and Age. The test can be utilized on behalf of individuals who would be diagnosed as functioning on a trainable level of mental retardation. The population sample for standardization was produced from a group of trainable retarded children between the ages of 5 and 13 years with an IQ range of 25-59.

Estimated Time of Assessment. Estimated time for administering this test is approximately twenty minutes.

Test Materials

Test materials consist of a manual which provides administration and scoring procedures, and a test protocol. No other materials are needed.

Directions for Administering and Scoring

1. The manual for the Cain-Levine Social Maturity Scale is well written and easy to follow. Familiarity with the manual will provide all the expertise needed in the administration of the test.

2. Because the examiner is interviewing an informant, familiarity with the criteria described in the manual is essential. Suggested interview techniques are provided in the manual.

3. Raw scores are converted into percentile rankings. (Percentile is defined in the operational definition section, Appendix C, p. 123.)

Interpretation

1. One of the advantages of this competency scale is that it provides an opportunity for the teacher of mentally handicapped individuals to discuss with the parents where the child is functioning on the various scales as compared with other mentally handicapped children. To gain information as to where the child is functioning in comparison to normal development, a different assessment device would be needed.

2. The test provides information for the development of educational and rehabilitation programs for the child. Scores secured on both the test and item analysis could assist in this endeavor.

3. The authors feel that the evaluation is sensitive enough that progress could be measured on a pretest-posttest basis; however, there are other scales which may be more sensitive to change than this one.

ABSTRACT

Name: California Preschool Social Competency Scale

Authors: Samuel Levine, Freeman F. Elzey, Mary Lewis

Publisher: Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306

Cost: $1.50 per specimen set; $1.25, manual; $4.00, 25 scales

The California Preschool Social Competency Scale was designed to measure the social competency of preschool children between the ages of 2 years, 6 months and 5 years, 6 months. The test consists of thirty items which measure behaviors thought to be critical in a preschool child's social functioning. It produces a percentile score which compares a child against a norm population in age, sex and social economic status. While the manual states: "No specific test situations are required, nor is it necessary for a psychologist to administer the scale" (p. 4),[3] New Mexico educators should note that state regulations limit administration and interpretation of this scale to educational diagnosticians. The test, which requires familiarity with the manual and test materials to administer, is untimed.

[3]Samuel Levine, et al. California Pre-School Social Competency Scale Manual. Palo Alto: Consulting Psychologists Press, Inc. 1969.

CALIFORNIA PRESCHOOL SOCIAL COMPETENCY SCALE

General Information

Brief Description of Test. The California Preschool Social Competency Scale provides measures pertaining to children's interpersonal behavior and their ability to assume social responsibility. The test was designed to evaluate the social competence of children between the ages of 2 years, 6 months and 5 years, 6 months. It was designed to be used by educators within the context of preschool programs.

Test Construction Format. The California Preschool Social Competency Scale is standardized and compares an individual against a normal population.

Test Purpose. The test is intended to provide a relative index of the child's social competency by comparing the child with other children of the same age, sex, and social economic status. The scale would probably be useful in predictive studies of school achievement, and as a measure of the effectiveness of preschool intervention programs.

Type of Response. The scale is a criterion-level instrument where a rater observes the child in various behavioral situations and scores his level of competency in interacting with other children in a responsible social manner.

Population and Age. The scale was standardized on a population of normal children between the ages of 2 years, 6 months and 5 years, 6 months.

Estimated Time of Assessment. This is an untimed test.

Test Materials

The California Preschool Social Competency Scale consists of a manual and a test protocol. No other materials are needed to administer the test.

Directions for Administering and Scoring

1. The criteria for administration of the California Preschool Social Competency Scales are: 1) considerable opportunity to observe the child in a variety of situations; 2) familiarity with the content areas covered in the scale and the various competency levels within each area.

2. In order to achieve these criteria, the rater needs to become knowledgeable about the materials. The educator administering this test to profoundly and severely impaired children must become very familiar with the criterion-level descriptions in the manual. The educator must remember that what is being assessed is the child's ability to interact socially, on a responsible basis, with other children and adults. This type of assessment is much more susceptible to bias and personal opinion if the examiner is not familiar with the detailed description for each criterion level described in the manual.

3. The developmental sequence in each category goes from one to four, one being the lowest, four the highest. For example, in identification the levels are: 1) can state first name only; 2) can state full name; 3) can state full name and age at last birthday; 4) can state name, age, and address. The rater need only mark the highest level of functioning.

4. The scoring of the protocol is rather simple and is described in detail in the manual. A raw score is obtained by totaling the various levels of functioning. With one being the lowest functioning level and four the highest functioning level, raw scores will vary between the ranges of 30 to 120. Once the raw score is secured, a percentile rank for the subject's age level, sex and social economic status can be obtained.

Interpretation

1. Educators of severely impaired individuals who use this scale will have to keep in mind the fact that the scale was established on a population of normal children. The percentile rank secured would therefore inform the teacher where the child is compared to a normal population.

2. The profile sheet in the protocol would probably be of greatest value to the educator of the severely impaired. This is one of the better devices on the market to assess a child's ability in social interaction skills; these abilities are very difficult to assess, however, due to their lower suspectibility to concise objective measures. Therefore, the educator must interpret the scores cautiously.

ABSTRACT

Name: Callier-Azusa Scale

Author: Robert Stillman

Publisher: Callier Center for Communication Disorders
1966 Inwood Road
Dallas, Texas 75235

Cost: Free

The Callier-Azusa Scale is primarily devised for the assessment of extremely impaired individuals, particularly the deaf/blind and multiply handicapped. The scale can provide measures for individuals for whom traditional measurement forms are either inaccurate or inappropriate. The scale is also intended to provide assistance to teachers in establishing programming and formulating remediation techniques. The scale is developmentally sequenced, and provides precise information in motor development, perceptual development, daily living skills and language development skills.

> The Callier-Azusa Scale must be administered by individuals who are thoroughly familiar with the child's behavior. No specific testing experience is required other than good observational skills and a knowledge of the child's repertoire of behaviors (p. 2).[4]

This scale, which assesses individuals from birth to the mental age of seven years, takes from ten to fifteen minutes to administer.

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[4]Robert Stillman, Pilot A Manual of the Callier-Azusa Scale. Unpublished paper.

THE CALLIER-AZUSA SCALE

General Information

Brief Description of Test. The Callier-Azusa Scale is of normative developmental design and is intended to assist in the assessment of deaf-blind and other severely impaired children. It is based on the assumption that, given the appropriate educational and therapeutic opportunities, all children will follow a normal developmental sequence. The scale has three primary uses: 1) to assist in the assessment of children for whom traditional methods of assessment provide inaccurate or insufficient information; 2) to provide information or guidance for the planning of appropriate programs for the severely impaired child; 3) to measure progress over a period of time in order to measure the effectiveness of educational or therapeutic programs.

Test Construction Format. The Callier-Azusa Scale is a developmental scale which provides the child's age equivalency in motor development, perceptual development, daily living skills and language development.

Test Purpose. The test is intended to be a diagnostic tool and to provide information concerning the developmental level of the individual tested.

Type of Response. The responses vary according to the criteria being measured. Generally the examiner observes the child in various behavioral sequences and gives credit for those behaviors produced.

Population and Age. The scale provides information and measurement for all levels of development from birth to age seven years. The developmental scales seem to be sensitive to change at the lower ends of the spectrum.

Estimated Time of Assessment. The test requires approximately ten to fifteen minutes to administer.

Test Materials

One booklet contains directions for administering the developmental scales. No other materials are needed.

Directions for Administration and Scoring

1. The Callier-Azusa Scale must be administered by an individual who is thoroughly familiar with the child being assessed.

The test requires that the examiner have good observation skills and familiarity with the test materials.

2. The manual suggest that best results are obtained if more than one involved individual rate the child.

3. Before administering this test the examiner must be knowledgeable about the behavioral definitions of each criterion. These criteria are explained in the manual, but some testing experience may be necessary in order to become proficient in this area.

4. Scores on the various developmental scales can be placed in a profile to identify weaknesses and strengths of the child.

Interpretation

1. The Callier-Azusa Scale is intended to provide an assessment device for children for whom traditional assessment methods do not work. Information is obtained pertaining to the strengths and weaknesses of each child and can, therefore, assist in program development. The developmental scales are at specific-enough intervals that behavioral changes will probably be noticed. All these advantages make this a useful tool for educators of the severely and profoundly impaired.

2. The Callier-Azusa Scale was designed to assist in the assessment of severely impaired individuals (deaf-blind and other severely or profoundly impaired children). The developmental skills are therefore more detailed than those found in other standardized tests. For this reason the Callier-Azusa Scale may be more sensitive to change than are some of the global measures that other assessments may provide.

ABSTRACT

Name: Communicative Evaluation Chart from Infancy to Five Years

Authors: Ruth M. Anderson, Madeline Miles, Patricia A. McMatheny

Publisher: Educators Publishing Services, Inc.
75 Moulton Street
Cambridge, Mass. 02138

Cost: 25¢ per score sheet

> This Communicative Evaluation Chart is a means by which one can gain an impression of a child's overall abilities or disabilities in language and performances. This chart can be used for a quick appraisal of a child by many specialists in related fields (cover sheet).[5]

This is a normal developmental scale which assesses children between the ages of 3 months and 5 years. The protocol provides all information needed in the assessment and the tool could be administered by anyone familiar with the child. The chart, while primarily a screening device, could provide some diagnostic information.

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[5]Ruth M. Anderson, et al. Communicative Evaluation Chart from Infancy to Five Years. Cambridge, Mass.: Educators Publishing Services, Inc. 1963.

COMMUNICATIVE EVALUATION CHART FROM INFANCY TO FIVE YEARS

General Information

Brief Description of Test. The Coummunicative Evaluation Chart is an assessment device which is to provide a quick appraisal of a child's overall abilities (or disabilities) in language and performance skills.

Test Construction Format. The chart is a developmental scale.

Test Purpose. The instrument should serve as a screening tool.

Type of Response. The response would vary with the type of criterion being assessed. Both verbal and nonverbal abilities are measured.

Population and Age. The scale is based on the average child's expectancy in abilities, and the individual assessed would be compared against this norm population; the scales provide assessment information on children between the ages of 3 months and 5 years.

Estimated Time of Assessment. The scale takes ten to fifteen minutes to administer.

Test Materials

The test consists of a protocol which provides both instructions and scoring procedures. No other materials are needed.

Directions for Administration and Scoring

1. The protocol follows procedures typically used for a developmental scale. The format consists of observing the child and placing a plus (+) by criteria the child can meet, a minus (-) by behavior patterns that are not present, and a plus and minus ($\pm$) by behavior criteria when behaviors are fluctuating but not established.

Interpretation

1. This infancy scale could prove to be useful as a quick evaluative form; however, it would have to be supplemented with other materials.

ABSTRACT

Name: Denver Developmental Screening Test

Authors: William K. Frankenburg, Josiah B. Dodds and Alma W. Fandal

Publisher: Ladoca Project and Publishing Foundation, Inc.
East 51st Avenue and Lincoln
Denver, Colorado 80216

Cost: $6.25, kit of objects; $1.00, manual; $1.00 per 100 tests

The Denver Developmental Screening Test is an instrument which measures the developmental functioning of children between the ages of one and six. The areas assessed are personal abilities, social abilities, fine motor adaptive skills, language skills, and gross motor abilities. The test would not necessarily be a useful tool for teachers of the severely impaired child, except in terms of providing information as to where the child is functioning in relationship to his choronological age. The Denver Developmental Screening Test was "...designed for use by people who have not had special training in psychological testing and is easy to give and score" (p. 1)[6]. The manual was revised in 1970 "...to fit the needs of professionals in child care, as well as lay personnel who are being trained in the use of the [test]" (inside cover).[7] The examiner gains information from an informant as well as from specific test items administered to the child. The test requires approximately twenty minutes to administer.

[6]W.K. Frankenburg, et al. Denver Developmental Screening Test Manual. Denver: Ladoca Project and Publishing Foundation, Inc. Revised Edition, 1970.

[7]Ibid.

DENVER DEVELOPMENTAL SCREENING TEST

General Information

Brief Description of Test. The Denver Developmental Screening Test provides an assessment from which developmental levels of personal and social development, fine motor adaptive, language, and gross motor skills can be obtained. The score serves as a screening device, and compares a child against the maturational levels of normal children in the categories assessed. The primary purpose of the test is to determine whether a child is functioning at the expected age level.

Test Construction Format. The test is a developmental scale.

Test Purpose. The test serves only as a screening device.

Type of Response. Responses vary according to the types of items administered. While much of the information can be obtained by interviewing someone who is familiar with the child, other items require both verbal and nonverbal responses from the child in a formal situation.

Population and Age. The test assesses developmental levels of children between the ages of birth and six years.

Estimated Time to Administer. The test requires approximately twenty minutes to administer, but may vary according to the abilities of the child.

Test Materials

Test materials consist of a manual and a protocol sheet. Other materials needed are: red wool, raisins, a rattle with a narrow handle, eight one-inch square blocks (red, blue, yellow, green), a small, clear, glass bottle, a small bell, a tennis ball, and a pencil. These materials can be ordered from the publisher or substituted.

Directions for Administration and Scoring

1. The publisher's Manual for Nursing and Paramedical Personnel provides excellent step-by-step procedures for the administration, scoring and interpretation of the test.

2. The evaluation is easy to administer and to understand, but the information obtained would not generally be useful for the educator working with severely impaired students. The test is constructed to primarily provide information as to where the child is functioning in relationship to his chronological age level.

3. The only information which would be useful for the teacher of the severely handicapped child is an estimated functional age in the areas assessed. While item analysis could possibly help in the formation of some educational goals, the scale is not sensitive enough to note an appreciable change resulting from intervention techniques.

ABSTRACT

Name: Fairview Behavior Evaluation Battery for the Mentally Retarded

Publisher: Fairview State Hospital
Research Department
2501 Harbor Blvd.
Costa Mesa, California 92626

Cost: $10.00 per 100 forms; 50¢ per manual

The Fairview Behavior Evaluation Battery for the Mentally Retarded is a screening device which provides independent scales for measuring self-help skills, development, social skills, language skills and also provides a problem behavior record. The levels of functioning in the different abilities can be secured with this battery. To administer the test one does not have to be sophisticated in assessment procedures, but familiarity with the manuals is required. Also, "It is essential that the observer be familiar with the patient" (p.3).[8] Scales require nonverbal responses. The assessments cover all levels of mental impairment and generally measure abilities in the scales from birth to ten years. The time generally taken to administer the scale is fifteen minutes.

[8]Robert T. Ross. Manual for the Fairview Self-Help Scale. Costa Mesa, Cal.: Fairview State Hospital. 1970.

FAIRVIEW BEHAVIOR EVALUATION BATTERY FOR THE MENTALLY RETARDED

General Information

Brief Description of Test. The Fairview Evaluation Battery for the Mentally Retarded consists of several independent scales which are designed to evaluate self-help skills, development, social skills, language and problem behavior.

Test Construction Format. The independent scales are standardized on a developmental scale. Each device has its own scale for specific behaviors to be evaluated.

Test Purpose. The batteries are primarily devised to serve as screening devices. However, some diagnostic information could be obtained for educational programming.

Type of Response. The information is secured from interviewing someone familiar with the abilities of the subject.

Population and Age. The batteries are devised to be used for children with various levels of mental impairment; the scales generally can be applied from birth to ten years. Because an interview technique is used, all handicapped individuals can be assessed.

Estimated Time of Assessment. Each scale generally takes fifteen minutes to administer.

Test Materials

The test materials consist of a manual and protocol for each of the scales--self-help, development, social skills, language evaluation, and a problem behavior record. No other materials are needed.

Directions for Administration and Scoring

1. Each scale has a well-written, easy-to-follow manual. Familiarity with each of the manuals will provide all the information needed in the administration and scoring of the test.

2. Test administration consists of interviewing individuals who know the subject and checking the various developmental levels which the subject has attained. A total score for each level and a grand total are obtained. From this total the age levels on the various batteries are secured. Language quotients can also be obtained by dividing the language age by the chronological age and multiplying by 100.

3. The maximum chronological age varies from scale to scale.

Interpretation

1. The Fairview Evaluation Battery can provide an easy, quick evaluation for various behavioral patterns of the severely mentally impaired. The battery was designed specifically for the mentally handicapped.

2. The separate scales, when used to assess the various levels of functioning, can serve educators by providing them with information on where the child's weaknesses and strengths lie.

3. The scales are generally most helpful when used as a battery; each scale can be used independently.

4. The Fairview Evaluation Battery may not provide as much information for the educator as does the AAMD Adaptive Behavior Scale, but the evaluation has the advantage of being less complicated and more easily administered by individuals who have not had extensive training in assessment procedures. Therefore, the Fairview Scale could be administered by attendants or teacher aides.

5. The Fairview Evaluation Battery will not be as sensitive to behavioral change as some other assessments. However, by using item analysis, educators could gain information about the child which would help in establishing educational goals.

ABSTRACT

Name: Harris Test of Lateral Dominance

Author: Albert J. Harris

Publisher: The Psychological Corporation
304 E. 45th Street
New York City, New York 10010

Cost: $1.50, manual; 50 record forms, $6.90; $1.75, specimen set

The Harris Test of Lateral Dominance is designed to assist in providing information pertaining to body dominance or preference. It specifically focuses on hand, eye, and foot dominance. The test is generally geared to individuals above the age of seven years, but some items may provide information about individuals functioning below this age. The format of the test consists of observing the child perform various tasks to see if his preferred side is communicated. The examiner must become familiar with the test materials. The time to administer the test is generally around thirty minutes.

HARRIS TEST OF LATERAL DOMINANCE

General Information

Brief Description of Test. The Harris Test of Lateral Dominance is intended to provide information pertaining to the lateral dominance of the individual being assessed. Lateral dominance refers to the preferred use or better performance of one side of the body as compared with the other; that is, whether the person tends to be left- or right-handed, right- or left-eyed, etc. Some of the assessment items would not generally be applicable to the severely multiply handicapped. However, there are times when educators who work with severely retarded individuals could better perform their functions if they had information as to the child's dominant side. Teachers who become familiar with this test's items could adapt some of them to gain the desired information.

Test Construction Format. The test consists of several items which provide the opportunities for performance. Dominance is then recorded, and individual sections of the test are interpreted.

Test Purpose. The test could serve as a diagnostic tool.

Type of Response. Various nonverbal behavioral patterns relating to dominance are observed.

Population and Age. The population for which this test could be used is limited, and generally it is not applicable to individuals below the age of seven years. By adapting some items and observing the child, the examiner could gain some information from individuals suspected of functioning below the mental age of seven.

Estimated Time of Assessment. The test takes approximately thirty minutes to administer.

Test Material

Materials needed are: manual: protocol; Miles ABC and Vision Test; 7" x 10" cardboard with 1" hole cut in center; kaleidoscope; toy telescope; cloth-covered bean bag; deck (52) playing cards; toy rifle; two pencils of equal length; stop watch.

Directions for Administration and Scoring

1. As noted earlier this test would generally not be applicable in its entirety to the assessment of severely multiply handicapped children. However, an educator who becomes familiar with the test items may be able to apply some of the items in assessing individuals in this handicapped population.

Interpretation

1. The Harris Test of Lateral Dominance could prove to be an aid to some teachers of severely handicapped children. For example, the teacher may want to determine the child's preferred side when teaching feeding skills, dressing skills, or play activities. The Harris Test could not be applied as a direct assessment instrument to gain this knowledge, but an educator who is familiar with and capable of adapting the test techniques could determine the child's dominant side.

ABSTRACT

Name: Lakeland Village Adaptive Behavior Grid

Publisher: Lakeland Village
Medical Lake, Washington 99022

Cost: Free

The Lakeland Village Adaptive Behavior Grid is closely related to the AAMD Adaptive Behavior Scale. A child is observed in various settings to obtain indications of his abilities within ten subject areas. ("The usual method....is for a psychologist to collect information about a client's capacities by interviewing attendants, teachers or parents."[9]) It is a developmental scale; the items provide an age-value score. Thus, the child can be compared with standards of adaptive behavior found in the community. Scales provide levels varying from birth to sixteen years. Familiarity with the test materials is all that is needed in administering the assessment device. At the present time there is not a manual available, but the protocols can prove to be useful.

[9]Lakeland Village Adaptive Behavior Grid Flier.

LAKELAND VILLAGE ADAPTIVE BEHAVIOR GRID

General Information

Brief Description of Test. The Lakeland Village Adaptive Behavior Grid is a checklist of developmental behaviors. The items are age-valued so that a comparison can be made between the client and standards of behavior found in "normal" children. The device is similar to the AAMD Adaptive Behavior Scale. The areas assessed are: eating, toileting, dressing, health, communication, ability, vocational aptitude, socialization, orientation, and behavior control.

Test Construction Format. The test is criterion-referenced and based on developmental skills.

Test Purpose: The test is to serve as a diagnostic tool.

Type of Response. The response is dependent upon the criterion being assessed.

Population and Age. The grid is designed to assist in the assessment of mentally handicapped children; the developmental scales range from birth to sixteen years.

Estimated Time of Assessment. The test is not timed.

Test Materials

The test device does not, at the present time, have a manual. There are two forms which are being revised. These forms can provide an assessment device.

Directions for Administration and Scoring

1. While an interview technique is generally used, those working with a child can use the device as a checklist for observing the child in formal or informal situations.

Interpretation

1. The grid provides a graphic description of the child's strengths and weaknesses in the categories of the test, and the authors feel that it is particularly useful in determining a client's training needs.

2. The instrument could probably assist in the establishment of programming goals.

ABSTRACT

Name: Northwestern Syntax Screening Test

Author: Laura L. Lee

Publisher: Northwestern University Press
Evanston, Illinois

Cost: $10.00 (test and 50 answer forms)

> The NSST is intended to be used as a screening instrument only; it is, in no sense, to be considered a measurement of a child's general language skill nor even as an "in depth" study of syntax. It will be useful to speech clinicians who need a short test for screening large numbers of children, as in a school setting, or for diagnosticians who need to make a quick estimate of syntactic development as part of a more elaborate speech and language evaluation (p. 3).[10]

The Northwestern Syntax Screening Test assesses the ability of children (between the ages of 3 years and 7 years, 11 months) in the comprehension and formation of basic sentence structure; assesses both receptive and expressive language skills. The assessment is an individual, standardized test, administered in a formal situation. Test scores are compared against a norm population. The test takes approximately twenty minutes to administer.

[10]Laura L. Lee. Northwestern Syntax Screening Test Manual. Evanston, Ill.: Northwestern University Press. 1971.

NORTHWESTERN SYNTAX SCREENING TEST

General Information

Brief Description of Test. The Northwestern Syntax Screening Test is intended to be used as a screening device only, and would probably be incorporated as part of a test battery in language abilities. The author of the test hypothesizes that language learning involves three different areas: 1) recognition and articulation of sounds; 2) vocabulary; and 3) syntax or the comprehension and formation of basic sentence structures. This assessment was constructed with the intention of measuring only syntax, and provides information relative to receptive and expressive language abilities.

Test Construction Format. The test is standardized and administered on an individual basis in a formal setting.

Test Purpose. The assessment device should serve only as a screening tool. In assessing severely impaired individuals, its value would probably be in the information obtained on receptive language abilities.

Type of Response. Both verbal and nonverbal responses are required. The subject points to a picture identifying the meaning of a sentence given by the administrator. The subject would repeat a sentence back to the examiner in the expressive language assessment.

Population and Age. The test is constructed with the intentions of assessing an age group between the ages of 3 years to 7 years, 11 months. The assessment could probably not be applied to most individuals diagnosed as severely mentally handicapped. Many times, however, persons in this population have higher receptive language skills than their global mental age abilities, and an educator, by means of this test, could gain information about the child's receptive language ability in sentence structure. Also, the nature of the response required for the receptive language skills is such that it could be administered to cerebral palsied children (and other individuals with limited expressive abilities). This information could be very valuable to an educator who is not fully apprised of how much language a cerebral palsied child can understand.

Test Materials

The test consists of a manual and a response protocol. The manual has both the directions and response cards; no other materials are needed.

Directions for Administration and Scoring

1. The directions provided in the manual are simple and easily understood. One could become familiar with the techniques of and test materials for administering this test after only a few trials.

2. The scoring on this test is global and difficult to understand. To fully understand the scores that a child has received, one must understand the normal curve percentages, mean and standard deviation. (Brief definitions of these terms are provided in the operational definitions, Appendix C.)

Interpretation

1. The greatest value of this test in the assessment of severely mentally impaired individuals is its capability of establishing the approximate mental-age functioning in receptive language abilities. Probably little information could be otained from the expressive language measures due to the difficulty that most severely retarded children have in rote-memory skills. Using this assessment device and the Peabody Picture Vocabulary Test, the educator should have a fairly good estimate of where a child is functioning in regard to receptive language abilities.

2. As stated earlier, another advantage of this test is in the assessment of physically handicapped individuals, such as the cerebral palsied. Securing an approximate receptive language mental age would be very valuable to the educator who is charged with educating a child with this type of handicap.

ABSTRACT

Name: Peabody Picture Vocabulary Test

Author: Lloyd M. Dunn

Publisher: American Guidance Service, Inc.
Publishers Building
Circle Pines, Minn. 55014

Cost: $3.65 per individual kit

The Peabody Picture Vocabulary Test is an easily administered intelligence test which provides a global score for an individual's receptive language abilities. It is assumed to measure an individual's recognition of vocabulary (English) by having the subject respond to a series of pictures. On each plate there are four pictures from which the subject is to select the one which best represents a given word. The test requires no expressive language skills and therefore is an appropriate measurement for gaining information on individuals suffering from speech impairment, cerebral palsy, other developmental handicaps, or withdrawal tendencies.

> The administration of the Peabody Picture Vocabulary Test (PPVT) requires no special preparation other than complete familiarity with the test materials, including practice in giving the instrument prior to its use as a standardized measure. It is extremely important for the examiner to know the correct pronunciation of the words to be administered (p. 5).[11]

The test can generally be administered in less than fifteen minutes.

[11]Lloyd M. Dunn. Expanded Manual for the Peabody Picture Vocabulary Test. Circle Pines, Minn.: American Guidance Service, Inc. 1965.

PEABODY PICTURE VOCABULARY TEST

General Information

Brief Description of Test. The Peabody Picture Vocabulary Test (PPVT) is an intelligence test which can provide a mental age and an intelligence quotient. It generally is used to determine the receptive language abilities of the individual being tested.

Test Construction Format. The PPVT is a standardized test with normative data provided.

Test Purpose. The PPVT is generally seen as a screening device, but it can also provide diagnostic information. Often a severely impaired individual who is limited in expressive language skills will have a higher ability in understanding the language communicated to him. This device could prove useful in determining how much communcation the child understands.

Type of Response. The only response required for the test is the child's pointing to a picture which best represents a word given by the examiner.

Population and Age. Because the test requires no expressive language skills and only a pointing response, the scale can be used where traditional techniques could not. For example, it is useful in determining the receptive language skills of the speech impaired or the withdrawn individual, as well as those suffering from cerebral palsy and other developmental handicaps. The age range for this test is said to be between the ages of 2 years, 5 months and 18 years. The test can be used for individuals whose mental abilities are measured below two years on scales which require expressive language abilities.

Estimated Time to Administer. The time required to administer this test is generally not more than fifteen minutes.

Test Material

The PPVT test materials consist of a manual and a spiral notebook which contains 150 pictorial plates (four pictures per plate). There are two protocols (Forms A and B) which provide a list of vocabulary words which correspond to the pictorial plates.

Directions for Administration and Scoring

1. The Peabody Picture Vocabulary Test Manual provides some important general administration rules which should be part of the administration of any standardized test. While this test does not require a high degree of sophistication in assessment, familiarity with the manual instructions is essential.

2. Following are some considerations that should be kept in mind in administering this test to the severely mentally impaired:

   a. It is most important that the examiner ensure that the child fully understands the task that is expected of him. Therefore, the introduction of the test will have to be simplified and adjusted to the child's level of functioning.

   b. It may be necessary to administer the examples--found at the first of the test--several times in order to be assured that the child understands the task. Proper encouragement and reinforcement of correct responses are essential.

   c. The examiner may have to begin each task with "Put your finger on _____."

   d. When the examiner is sure that the child understands the task, a starting point needs to be established. With most severely impaired individuals, Plate I would be the best place to start; however, with a higher functioning individual the examiner may start farther into the test.

   e. When assessing physically impaired individuals (such as cerebral palsied) the examiner will need to be patient while the child points to the pictures. On occasions the individual may be so physically impaired that he cannot point and the examiner may need to point for him. In these cases the examiner will need to establish a response given by the subject which would indicate to the examiner the picture that the subject would choose. This may be a smile, a verbal grunt, or nodding of the head, "Yes." In each incident the examiner would point to the pictures, starting with Picture #1 and proceeding to Picture #4, while looking at the individual for the response to indicate the one he would choose. This procedure would be identical with every response word given.

   f. IQ scores for severe levels of mental impairment cannot be secured from the tables provided in the manual. This score can be obtained by dividing the chronological age (not to exceed 18 years or 216 months) of the individual into the mental age and multiplying by 100 ($\frac{MA}{CA} \times 100$).

Interpretation

1. In using the PPVT to secure information about the severely impaired, it should be remembered that it is only a general measure of receptive language skills. The assessment can provide the educator with some information as to the level of language that the individual can understand, but it provides no measure of the child's receptive language abilities in understanding sentence structure.

2. The PPVT can be a useful tool is establishing the level of functioning of individuals who are handicapped in expressive language ability. This is particularly true with individuals who are physically handicapped and cannot be assessed by using traditional assessment devices.

3. The PPVT can also provide information to the teacher of the bilingual child as to the child's estimated level of understanding of the English language. The teacher should keep in mind, however, that this is not a measure of the child's intellectual abilities, but an estimate of the mental age level at which the child can understand English.

ABSTRACT

Name: Portage Project Checklist

Authors: David Shearer, James Billingsley, Alma Frohm, Gene Hilliard, Frances Johnson, Marsha Shearer

Publisher: Cooperative Educational Services Agency #12
Portage, Wisconsin 53901

Cost: $32.00 per kit

The purpose of the Portage Project Checklist is to provide a guide for teachers, nurses, or others who need to assess children's present behaviors and plan educational goals. It is intended to provide assistance in educational planning for both normal and handicapped individuals. The kit consists of a developmentally sequenced behavioral checklist and a card file containing curriculum ideas. The Guide to Early Education Program was devised for children up to the mental age of five years. Qualification to administer the assessment is comprised of becoming familiar with the test manual and materials. This is not a timed assessment.

PORTAGE PROJECT CHECKLIST

General Information

Brief Description of Test. The purpose of the Portage Project Checklist is to assist educators and other involved individuals in establishing realistic educational goals for a child. The kit consists of a checklist of behaviors and a card file containing curriculum ideas. The test is intended to assist in the education of normal as well as handicapped children. Five developmental areas are assessed: 1) cognitive, 2) self-help, 3) motor, 4) language, and, 5) socialization.

Test Construction Format. The instrument is a developmental scale based on the normal developmental patterns of children.

Test Purpose. The test is intended to provide information for educators about a child's present behavioral functioning.

Type of Response. The type of response varies with the developmental scale being used, but generally consists of observing the behavioral pattern of the child and testing to see if criterion can be met. Responses may be verbal or nonverbal.

Population and Age. The test is designed to assess normal and handicapped individuals up to five years of age.

Estimated Time to Administer. This is not a timed assessment.

Test Materials

The kit consists of a manual (Portage Guide to Early Education: Instructions and Checklist), and a system of cards (The Portage Guide to Early Education), which are color-coded to identify each category. Each card provides the age level of functioning, a behavioral description of the criteria and suggested activities and materials to teach the behaviors.

Directions for Administration and Scoring

1. The manual provides detailed directions for use of the materials. Familiarity with these materials will provide the competency needed to administer and score the assessment. The manual provides information on interpretation of the checklist and use of the curriculum guides.

Interpretations

The Portage Project has several advantages for the educator of severely mentally handicapped children:

1. The developmental scales define small increments so that behavioral changes on a pre- and postassessment basis may be noted.

2. The assessment device provides some curriculum suggestions for each behavioral criterion.

3. These curriculum suggestions provide the opportunity to expand and generalize to techniques which could be adapted to the specific handicaps of individual children.

Many times a teacher of a severely handicapped child can identify the child's level of functioning and the child's strengths and weaknesses, but not be sure of what types of techniques would help correct deficits; the checklist can assist the educator in this area.

ABSTRACT

Name: Preschool Attainment Record (PAR)

Author: Edgar A. Doll

Publisher: American Guidance Services, Inc.
Publisher's Building
Circle Plains, Minn. 55014

Cost: $1.50 per set

The Preschool Attainment Record is patterned after the Vineland Social Maturity Scale. It was constructed to provide an assessment device for children who could not be assessed directly with traditional techniques. The assessment (a developmental scale) measures abilities in ambulation, manipulation, rapport, communication, responsibility, information, ideation, and creativity. The test provides a global score which translates to an attainment age and an attainment quotient. A profile of the various age levels in the categories assessed is also provided. The educator needs to become familiar with the test manual and protocol to administer the test; information is obtained by interviewing someone who is familiar with the child. The age level varies from .5 months to 7 years in the categories assessed. The time needed to administer the test is approximately twenty minutes.

PRESCHOOL ATTAINMENT RECORD (PAR)

General Information

Brief Description of Test. The Preschool Attainment Record is a developmental scale which is said to be a refinement or an extension of the Vineland Social Maturity Scale. The developmental scale is geared to assess maturational levels for the first seven years of life. It assesses criteria in ambulation, manipulation, rapport, communication, responsibility, information, ideation, and creativity. The purpose of the assessment is to provide an evaluation measure for children who are not readily accessible for direct examination because of various types of handicaps.

Test Construction Format. The record consists of a criterion-level test based on maturational levels of development.

Test Purpose. The record is a screening device, but some diagnostic information can be obtained.

Type of Response. Information is obtained by a standardized interview of an informant who is familiar with the child's behavior.

Population and Age. The test is intended to assess the developmental level of individuals who are not readily accessible to direct examination because of various impairments. Scales go from .5 months to 7 years.

Test Materials

The Preschool Attainment Record consists of a manual of procedures for scoring, and a Preschool Attainment Record protocol. No other materials are needed.

Directions for Administration and Scoring

1. The record manual provides detailed information pertaining to administration of the test. (The basic format is the same as that of the Vineland Social Maturity Scale but more criterion increments are included in the scales.)

2. Through calculation of raw scores, an attainment age and an attainment quotient are obtained. The number of successful items represents the raw score. The attainment age is secured by dividing the raw score by 16. The attainment quotient is obtained by dividing the attainment age by the life age or chronological age (but never greater than seven years) and multiplying by 100.

3. The protocol provides a profile which describes the child's functioning in the various categories measured by the test. The calculation and interpretation of the profile are provided in the manual.

Interpretation

1. The author of the test feels that the test could on some occasions be used as a substitute for intelligence tests for children whose handicaps will not allow direct assessment. Some research suggests that the social ages obtained on tests such as the Preschool Attainment Record have a high correlation with mental ages at the younger ages. The global scores would serve as a screening device and provide the educator an opportunity to gain understanding about the abilities of the child.

2. Profile sheets also provide the educator with an estimate of the child's functioning in the specific abilities assessed by the test. Although the global scores may not necessarily prove useful, item analysis of the protocol could assist in establishing educational goals and planning curriculum for the specific child assessed.

3. It is noted that the Preschool Attainment Record (PAR) was intended to be an extension of the Vineland Social Maturity Scale. While the PAR is less global in assessing abilities than is the Vineland, it may not be as sensitive to behavioral change as the educator would perhaps like.

4. The PAR could be useful in the assessment of some children who could not be adapted to the testing procedure of some of the more sophisticated intellectual assessments.

5. If this instrument were used on a child whose chronological age was over seven years, caution would be required in interpretation of the attainment quotient as the child would be over the developmental scale for which the record was devised.

ABSTRACT

Name: The Primary Progress Assessment Chart of Social Development

Author: H. C. Gunzburg

Publisher: National Association for Mental Health
39 Queen Anne Street, W. 1
London, England

Cost: Approximately $4.50 for the manual and 25 charts

The Primary Progress Assessment Chart of Social Development is intended to provide a visual impression of the child's development in social abilities. It consists of a developmental scale in self-help skills, communication skills, socialization skills and occupation. The test was constructed to assess young normal children or profoundly mentally handicapped children and adults. Protocols are also provided for the assessment of later stages of development (Progress Assessment Charts 1 and 2). The evaluation is easy to administer and score and no special training is required to use the test. No specific age levels are cited for the evaluation, but the developmental scales are on a low maturational level and should cover the severe and profound levels of mental retardation. There is no time limit on the test.

PRIMARY PROGRESS ASSESSMENT CHART OF SOCIAL DEVELOPMENT

General Information

Brief Description of Test. The Primary Progress Assessment Chart of Social Development was designed to provide a visual impression of the general functioning of young normal children and profoundly mentally handicapped individuals in the areas of self-help skills, communication skills, socialization skills, and occupation. A general personality record is also provided. The scales are based on maturational levels. The author of the test feels that the evaluation is sensitive enough that progress can be reviewed upon reassessment.

Test Construction Format. The assessment device is a developmental scale.

Test Purpose. The instrument can be used as a screening tool as well as for diagnostic purposes.

Type of Response. The evaluator observes behavioral patterns to test if criterion levels can be achieved.

Population and Age. The device assess very young normal children and profoundly mentally handicapped children and adults. While no specific age limits are given, low developmental sequences are listed in the protocol.

Estimated Time to Administer. This test takes ten to twenty minutes to administer.

Test Materials

The test materials consist of a protocol containing precise directions for administration and scoring, and the developmental scales to be scored. The test form reviewed here (the Primary Progress Chart of Social Development) is intended to test young children and severely or profoundly retarded individuals, but there are two other protocols (PAC 1 and PAC 2) which have been constructed to assist in the assessment of later stages of social development.

Directions for Administration and Scoring

1. The protocol provides all the information needed to administer and score the device. Administration and scoring are rather simple and the educator need not have sophisticated testing experience.

2. The rater goes through the various development scales and checks those criteria which the child can meet. The skills are arranged in an ascending order of complexity, and so constructed (it is assumed) that the mastery of more advanced skills is dependent upon having mastered the earlier criteria. (The test author postulates that when a higher level of functioning has been established it can be assumed that lower levels of functioning have been reached; this theory is not invariably true with all handicapped individuals.)

3. In the assessment of profound and severe levels of mental retardation, the entire sequence of developmental abilities will have to be administered.

4. The protocol provides a diagram where those abilities which are observed on a frequent basis (a criteria that would have to be established by the educator) are shaded in darkly and those behaviors which have not been acquired are shaded lightly. Areas which cannot be assessed are left blank. The diagram provides a visual impression of the general functioning of the child.

Interpretation

1. The test provides an opportunity to observe the developmental levels of the child, but the increment levels of this developmental device are too broad to provide information on change obtained from intervention techniques.

2. One of the biggest advantages of this assessment device is that it provides one of the better visual diagrams to assist the educator in understanding where the student's strengths and weaknesses lie.

3. The developmental scales on this assessment are not as finite as other scales designed for the assessment of profoundly and severely impaired children.

ABSTRACT

Name: A Programmatic Guide to Assessing Severely/Profoundly Handicapped Children

Authors: Bob Crebo, Jay Heifetz

Publisher: Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, Washington 98195

Cost: $1.50

The Programmatic Guide to Assessing Severely/Profoundly Handicapped Children is a developmental scale which provides detailed information as to the functioning level in the areas of self-help skills, communication abilities, gross motor skills, fine motor skills, sensory discrimination, preacademics, and prereading abilities. Each category has a developmental scale for the important abilities in that category. For example, the category of self-help skills consists of developmentally sequenced skills in the areas of feeding, toileting, personal hygiene, dressing and undressing. The device was created to assist educators in assessing severely and profoundly handicapped children. The scale requires no sophisticated testing skills and the educator could administer the test by observing the child in formal and informal situations. The assessment is not a timed device. The scale can provide assistance in establishing educational goals for individual children.

A PROGRAMMATIC GUIDE TO ASSESSING SEVERELY/PROFOUNDLY HANDICAPPED CHILDREN

General Information

Brief Description of Test. The Programmatic Guide to Assessing Severely/Profoundly Handicapped Children is a developmental scale which provides information pertaining to the child's ability in self-help skills, communication skills, gross motor abilities, fine motor abilities, sensory discrimination, preacademics and prereading abilities.

Test Construction Format. The scale provides a checklist of normative developmental sequencing for the various categories assessed.

Test Purpose. The scale is intended to provide the teacher of severely and profoundly handicapped children information about the developmental level of the child being assessed. The increments of the scale are very detailed and would be sensitive to behavioral changes; they will also provide information as to the next higher criterion to be taught.

Type of Response. The device requires that a rater check various observable behavioral responses.

Population and Age. The assessment device has scales ranging from birth to five years, depending upon the category.

Estimated Time to Administer. The scale is not a timed assessment.

Test Materials

A manual is not available for this assessment; a protocol lists the various developmental skills.

Directions for Administration and Scoring.

1. The test requires only that someone familiar with the child observe his or her various behavioral patterns. For example, in the category of self-help skills, detailed criteria levels for feeding, ranging from zero to sixty months, are included. The rater would establish the child's functional level by checking each of those behaviors which the child can maintain.

2. The test is easy to administer and no specific score is obtained.

Interpretation

1. As a result of the assessment (e.g., feeding skills) the evaluator would establish the functioning level of the child, and the educational program would be adjusted to assist the child to progress along the developmental sequence.

2. The assessment device does not provide any global scores as to the intellectual functioning of the child.

ABSTRACT

Name: Santa Cruz BCP Observation Booklet

Publisher: Santa Cruz County Office of Education
701 Ocean Street
Room 200
Santa Cruz, California 95060

Cost: $30.00, booklet and charts

The Santa Cruz BCP Observation Booklet is an assessment device devised to provide educators with a comprehensive listing of a pupil's behavior. It is intended to identify a child's weaknesses and strengths in the various categories assessed. The assessment device provides a detailed behavioral listing in developmental sequences for 59 categories. The device contains 2,400 observable traits in the categories assessed. The BCP is specific enough in the behaviors listed to be useful for classroom teachers of the severely and profoundly impaired in assessing progress and in establishing educational goals. The assessment requires no special training in testing techniques to administer; it is a nontimed device.

SANTA CRUZ BCP OBSERVATION BOOKLET

General Information

Brief Description of Test. The Santa Cruz BCP Observation Booklet is a criterion referenced assessment which is intended to assist the educator in identifying behavioral characteristics of the student. The instrument was designed to assist in the establishment of educational goals as well as to provide information on progress toward these educational goals.

Test Construction Format. The assessment device is a nonstandardized criterion-referenced test which lists behavioral characteristics in sequence from the the lowest to the highest level of functioning. For example, in the category of "feeding" there are fifty behavioral sequences ranging from, "Opens mouth when physically stimulated by spoon held by another," to "Manages to eat different types of food."

Test Purpose. The assessment device is a diagnostic tool only, intended to identify the behavioral functioning of the individual child in each category assessed.

Type of Response. The response needed varies with the criteria being assessed. The assessment device requires that the examiner observe the child's behavior in many different situations.

Population and Age. This assessment was constructed with the intentions of assessing "mentally and behaviorally exceptional children." No age range is established by the test; however, the assessment does begin at behaviors expected on an infant level.

Estimated Time to Administer. This is not a timed test, but would have to be administered in several different settings when the child could be observed.

Test Materials

The assessment device consists of a booklet which lists "behavioral strands" for 59 different categories of behavior. These 59 categories cover most curricular activities that would probably be incorporated in an educational program for severely or profoundly mentally handicapped individuals, including academics, recreational and social activities. The booklet contains a chart which provides an array of the segmented behaviors toward goals and the various categories in which these behaviors are listed.

Directions for Administration and Scoring

1. The test is not a scoring device and, in fact, is not necessarily a developmental scale.

2. The assessment device, however, does list in minute detail each of the criterion levels that must be met to reach the highest level of functioning in a specific behavior. The educator merely needs to check those behaviors which the child can perform. When the student's highest level of functioning has been secured, the classroom teacher would know the next behavioral level to teach.

Interpretation

The Santa Cruz BCP Observation Booklet is probably one of the most sensitive assessment devices on the market in measuring change in the severely and profoundly mentally impaired, primarily because of the discrete and large number of behavioral goals that are listed in the sequences needed to achieve the highest levels of functioning. The educator then knows the next behavior to teach in assisting the child to meet the next higher criterion. The scale does not provide any information as to the general intellectual functioning of the child.

ABSTRACT

Name: Slosson Intelligence Test for Children and Adults (SIT)

Author: Richard L. Slosson

Publisher: Slosson Educational Publications
140 Pine Street
East Aurora, New York 14052

Cost: $5.00

The Slosson Intelligence Test gives the examiner a global score identifying the intellectual abilities of the individual tested.

> This short intelligence test (SIT) has proved to be useful as an individual screening instrument for both children and adults. The test has been made for the use of school teachers, principals, psychometrists, psychologists, guidance counselors, social workers, school nurses and other responsible persons who, in their professional work, often need to evaluate an individual's mental ability (p. iii).[12]

(New Mexico educators should note that the SIT is to be administered and interpreted by certified educational diagnosticians only; teachers in other states should check their state regulations regarding testing of handicapped students.) The test SIT is similar to the Stanford-Binet and research suggests that the two correlate highly at the younger ages. The test is primarily used for screening purposes; however, item analysis may provide additional information. It is one of the best tests for establishing intellectual functioning for individuals functioning below two years of age.

[12]Richard L. Slosson. Slosson Intelligence Test for Children and Adults. Los Angeles: Western Psychological Services, 1963.

SLOSSON INTELLIGENCE TEST (SIT) FOR CHILDREN AND ADULTS

General Information

Brief Description of Test. The Slosson Intelligence Test (SIT) is a test of general intellectual ability which will provide a mental age and an intelligence quotient. Correlation studies suggest a high relationship between the SIT and the Stanford-Binet at the younger ages. The SIT provides a fairly good global score for individuals functioning below a mental age of two years.

Test Construction Format. The SIT is a standardized test using normative data to secure mental age and the traditional formula ($\frac{MA}{CA} \times 100 = IQ$) to establish the intelligence quotient.

Test Purpose. The SIT is primarily a screening device using a developmental scale.

Type of Response. The SIT provides a variety of test items which require both verbal and nonverbal responses. Some items are on a developmental scale and require only that the behavior be observed.

Population and Age. The SIT is designed to assess the intellectual level of all ages. Because of the broad variety of responses needed during the assessment (verbal and nonverbal) some handicapped individuals are unable to perform some items; therefore, the test may underestimate their abilities.

Estimated Time to Administer. The time to administer the test will vary with the abilities of the individual. However, it generally does not take more than thirty minutes.

Test Materials

The SIT consists of a test manual and a protocol for recording responses and scoring. Other materials which the examiner would need to assess a severally mentally handicapped individual are: 1) a rattle and spoon; 2) six small blocks; 3) a cup; 4) paper, pencil or a crayon; 5) a picture book; and, 6) a ball.

Directions for Administration and Scoring

1. Remarks for introducing the test are provided on the front cover of the manual. These should be given verbatim to the individual being assessed. The examiner may need to adjust these remarks when testing a severely or profoundly mentally impaired individual.

2. The general rules of administering a standardized test must be followed.

3. Anyone assessing handicapped individuals should become familiar with the information in the manual on the assessment of the handicapped (pp. 20-23).

4. The SIT is an easy test to administer and familiarity with the materials is all that is needed to conduct the evaluation.

5. The developmental ceiling for this device is considered to be sixteen years-of-age; therefore, when individuals older than sixteen years-of-age are assessed, the mental age should not be divided by more than 192 months to secure the IQ.

Interpretation

1. The evaluator should keep in mind that the SIT provides only a global score and a measure of general intellectual abilities of the individual.

2. The test does not discriminate ability as the individual becomes older as well as do the Wechsler Intelligence Scale or the Stanford-Binet.

3. The test generally underestimates the intellectual functioning of extemely handicapped individuals, particularly those who have limited expressive language ability.

4. Useful information can be obtained from the protocol by noting what abilities different items may be measuring and what types of items are failed or passed by the subject. For example, it may be noted that a subject consistently fails all items which require rote memory abilities but passes items which require long-term memory. This information can be useful in planning programming for remediation or compensation.

5. The Slosson Intelligence Test is not sensitive enough to change to assess progress as a result of educational programming.

ABSTRACT

Name: The Southern California Sensory Integration Tests

Author: Jean Ayres

Publisher: Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, Calif.

Cost: $107.50

The Southern California Sensory Integration Tests (SCSIT) are designed to help determine the nature of certain types of dysfunction. Many of the tests are derivatives of clinical procedures with established usefulness in work with brain-injured adults. These tests are not designed to discriminate among neurologically average children. The SCSIT is best utilized with children who demonstrate perceptual-motor dysfunction and related learning and behavioral disorders regardless of classification of or label given to the child. Not all children with learning and behavior problems demonstrate sensory integrative dysfunction. This assessment tool can be very helpful in assisting in the development of a total prescriptive package for a child whose problems fall in this domain.

> Administration of the battery requires considerable skill on the part of the examiner. Not only is the usual background of knowledge of statistics and the science of testing and measurements required, but an additional understanding of sensory integration dysfunction is needed to adequately interpret scores. Before considering himself qualified to administer the test battery, the examiner should administer about twenty tests and be checked by another person already proficient in the use of the SCSIT (p. 1).[13]

[13] A. Jean Ayres. Southern California Sensory Integration Tests Manual. Los Angeles, Calif.: Western Psychological Services. 1972.

SOUTHERN CALIFORNIA SENSORY INTEGRATION TESTS

General Information

Brief Description of Test. The Southern California Sensory Integration Tests (SCSIT) are a battery of seventeen subtests and clinical observations. The SCSIT is designed to assist in differentiating four types of sensory integrative disorders in the neural systems that subserve the following categories of dysfunction: form and space perception, praxis, postural and bilateral integration, and tactile defensiveness. Information gleaned from the SCSIT is helpful in understanding perceptual-motor and other related deficits in many exceptionalities.

Test Construction Format. The SCSIT is a standardized battery of seventeen formal subtests designed to assess the underlying sensory integrative functioning and dysfunctioning of the learning and behaviorally disordered child. The clinical observations, an important part of the test, are not standardized, yet they reflect deviant development.

Type of Response. The response varies with each of the subtests. Consequently, administration of the battery requires considerable skill from the examiner.

Population and Age. The tests have been standardized utilizing a population of children with learning and behavorial disorders. Age norms vary, with most subtests normed in the 4-10 year-old range. Various subtests and clinical observations are now being used with good diagnostic success with lower-level exceptional children.

For the lower functioning child, the following clinical observations are recommended: Space Visualization, Crossing the Midline, Imitation of Postures, Bilateral Motor Coordination, and Standing Balance --Eyes Open and Closed.

Estimated Time to Administer. The skilled examiner can administer the SCSIT and accompanying clinical observations in 90 minutes. With the lower functioning child, test time is reduced considerably because many of the tests are above the functional level of the more severe child.

Test Materials

The Southern California Sensory Integration Tests consist of one manual and four different protocol sheets. The SCSIT includes the former Ayres Space Test (now Space Visualization), Southern California Motor Accuracy Test, Southern California Figure Ground Visual Perception

Test, Southern California Kinesthetic and Tactile Perception Tests, Southern California Perceptual-Motor Tests, Position in Space (a test of visual form and space perception), and Design Copying.

The manual includes a brief purpose and description of each subtest, detailed instructions for administering, explanations of scoring procedures, and standardized tables. In addition, score profile sheets are provided to graphically plot the results relative to the normal curve.

Directions for Administration and Scoring

Administration and scoring require considerable skill on the part of the examiner. Not only is the usual background of statistics, tests and measurements required, but an additional understanding of sensory integrative dysfunction is essential for adequate interpretation of scores and clusters of scores.

ABSTRACT

Name: TARC Assessment System

Authors: Wayne Sailor, Bonnie Jean Mix

Publisher: H & H Enterprises, Inc.
P.O. Box 3342
Lawrence, Kansas 66044

Cost: $5.95 per specimen test

The purpose of the TARC Assessment System is to provide a quick and informative evaluation of mentally handicapped individuals. It is primarily designed to assist the classroom teacher in establishing an educational program for a child. The profile is intended to note strengths and weaknesses of the severely handicapped child, and thus an educational or rehabilitation program could be devised. The test can be administered by the classroom teacher. The profile can be used for all individuals who are severely handicapped and is constructed to assess people between the mental ages of 3 and 6 years. The assessment requires from fifteen to twenty minutes to administer.

THE TARC ASSESSMENT SYSTEM

General Information

Brief Description of Test. The TARC Assessment System quickly provides measures of observable behavioral characteristics. It is intended to assist the teacher of severely impaired individuals and provide information 1) for education or rehabilitation, 2) for the establishment of instructional objectives, and 3) to assess the effects of "particular instructional strategy or curriculum." It is intended to provide quick information to educators who are not experienced in administering extensive psychological and educational assessments. It provides information primarily in the self-help, motor, communication and social domains.

Test Construction Format. The test came from collaborative efforts between a mental retardation research psychologist and a teacher with experience in educating the severely handicapped. The TARC is a standardized instrument.

Test Purpose. The TARC Assessment System is intended to provide diagnostic information for the rehabilitation of mentally handicapped individuals. It is primarily an educational tool.

Type of Response. The test requires the individual doing the assessment to make judgments from observations of the child's behavior in group or classroom settings. The educator giving the assessment should have some familiarity with the child being assessed.

Population and Age. The TARC Assessment System provides an educational assessment of children between the mental ages of 3 years and 6 years.

Estimated Time to Administer. The TARC Assessment System requires from fifteen to thirty minutes to administer.

Test Materials

Test materials consist of a manual and two protocols (TARC Assessment Inventory for Severely Handicapped Children Protocol and Assessment Inventory Outline of Self-Help Skills). Other available materials would be needed while observing a child in various settings.

Directions for Administration and Scoring

The manual for the TARC is well written and easy to understand. The assessment procedures are primarily devised for handicapped individuals and no adjustments are needed for the mentally impaired.

Interpretation

1. The educator will need to understand the statistics of mean and standard deviation to understand the profile sheet (see operational definition section of this document).

2. The peaks on the profile represent the individual's strengths and the low points represent those areas in which the child needs improvement.

3. When interpreting the TARC, the educator should remember that the test was standardized through assessment of 238 severely handicapped individuals.

TEACHER-CONSTRUCTED INVENTORY OF DEVELOPMENT

General Information

Brief Description of Test. Some developmental inventories can be constructed by teachers themselves by analyzing the patterns in the normal maturational sequence of behavior. Much information is available on maturational sequences of a child. Some of these criteria levels can be secured from other test devices or through test books that cover the developmental process of childhood. Generally these tests are administered by noting the date of the evaluation and checking the developmental behaviors which the child can perform. These tests have an advantage in that the teacher can adjust the assessment device to fit the curriculum activities and the uniquenesses of the students. An example of a teacher-constructed development inventory comprises Appendix B (p. 103).

Test Construction Format. Criteria levels of developmental processes are defined.

Test Purpose. This type of test could be used only as a diagnostic tool; mental age functioning would have to be secured from other assessment devices.

Type of Response. Responses would vary with the type of criteria assessed.

Population and Age. The age level assessed would depnd upon the criteria levels incorporated by the educator in constructing the developmental scale.

Directions for Administration and Scoring.

1. The teacher may find it necessary to establish formal situations in which the child can be observed to see if criteria can be met.

2. Many times this type of device can be scored by interviewing someone who is familiar with the child.

3. Generally scoring consists of a check or plus mark to indicate those criteria the child can meet, and a blank space or minus mark to indicate failures.

Interpretation

1. Teacher-made developmental scales have the advantage of being adjustable to the uniqueness of the classroom. The educator

can adjust the curriculum to teacher criteria levels on the developmental scale. The scale can be administered on a pre-assessment, en route, and postassessment basis.

2. If the teacher formulates criteria increment levels at fine intervals, the assessment device will be more sensitive to behavioral changes resulting from intervention techniques.

ABSTRACT

Name: Test for Auditory Comprehension of Language, English/Spanish

Publisher: Learning Concepts, Inc.
2501 North Lamar
Austin, Texas 78705

Cost: $39.95, Examiner's Kit

This test could prove useful to teachers of bilingual students. It is said to measure a child's understanding of English or Spanish language structure. The device consists of 101 plates, each of which contains three drawings. With the presentation of each of these plates a stimulus word is provided for the child, who points to one of the three line drawings most appropriate to the word. The test device could be a measure of receptive language abilities.

> The nature of the test requires that the examiner have certain qualifications. As a minimum, the examiner should hold a bachelor's degree in education, psychology, or sociology, and have sufficient testing experience. The examiner should be thoroughly familiar with the test items and manual before administering the test (p. 9).[14]

[14]Elizabeth Carrow. Test for Auditory Comprehension of Language, English/Spanish. Austin, Texas: Learning Concepts. 1973.

TEST FOR AUDITORY COMPREHENSION OF LANGUAGE, ENGLISH/SPANISH

General Information

Brief Description of Test. The Test for Auditory Comprehension of Language is a test which can provide some information about language skills in both English and Spanish. The test procedure is very similar to the Peabody Picture Vocabulary Test (see PPVT section) and probably taps similiar abilities. The test has the advantage of providing a measure of the child's understanding of English or Spanish.

Test Construction Format. The device is a standardized scale and the formal procedure of administering such a test must be followed.

Test Purpose. The test provides a language level and could prove to be useful as a diagnostic tool. The test would be particularly useful in the assessment of bilingual children.

Type of Response. A nonverbal pointing response is required.

Population and Age. The test is said to measure abilities of children between the ages of three to six years.

Estimated Time to Administer. The time to administer the test will vary with the abilities of the child, but probably would range between twenty and thirty minutes.

Test Materials

The device is comprised of a test manual and protocol. There are 101 plates, each containing three drawings from which the child selects the most appropriate by pointing.

Directions for Administration and Scoring

1. The manual is well written and familiarity with the test material would provide the competency needed to administer this test.

2. The device is a standardized assessment and therefore some sophistication and familiarity with test procedures is necessary.

3. Some of the information relevant to the Peabody Picture Vocabulary Test (pp. 46-49) might also be useful with this assessment device. This would hold true for the interpretations and the administration of the test as well. It should be noted that this test could be used to measure receptive language abilities of multiply handicapped individuals where other assessment devices might be inadequate.

ABSTRACT

Name: TMR Performance Profile for the Severely and Moderately Retarded

Author: Alfred J. Di Nola, Bernard P. Kaminsky, Allen E. Sternfeld

Publisher: Reporting Services for Children
563 Westview Avenue
Ridgefield, New Jersy 07657

Cost: 95¢ per pupil

The TMR Performance Scale for the Severely and Moderately Retarded is an assessment device which was constructed with the intention of providing assistance to teachers of moderately and severely handicapped children. The assessment is designed to provide a profile of the pupil's levels of functioning in a wide variety of daily activities which are common in curricula for the retarded. The scale is intended to assist in establishing educational goals and measuring progress as a result of the educational program. It does not compare the child against a normal population but rather gives the teacher information about the child's ability on a specific criterion level. Familiarity with the well-written test manual would provide all the proficiency needed in the administration of this assessment. The device assesses topics in social behavior, self-care, communication, basic knowledge, practical skills and body usage.

TMR PERFORMANCE PROFILE FOR THE SEVERELY AND MODERATELY RETARDED

General Information

Brief Description of Test. The TMR Performance Scale was designed to assist teachers of the severely and moderately mentally handicapped. It provides a visual description of the child's abilities in areas which are common in a curriculum for the severely and moderately impaired. The assessment is intended to: 1) provide information pertaining to the child's existing needs, 2) assist the teacher in establishing a program plan for the child, and, 3) record changes which may occur over a period of time. Six topical areas are covered by the profile: social behavior, self-help skills, communication skills, basic knowledge (information, numbers, awareness, social studies), practical skills (tools, household items, family chores, vocational readiness), and body usage.

Test Construction Format. The test is a criterion-referenced test which requires the examiner to observe the child in various behavioral situations and rate the child's highest performance on a five-point scale. The scales vary from zero to four with four being the highest level of functional behavior.

Test Purpose. The profile is a diagnostic tool intended to assist in identifying levels of functioning and establishing curriculum goals for individual students.

Type of Response. The assessment requires that the teacher observe the student in various behavioral situations and rank the child according to his or her highest level of functioning. Response will vary with the types of criteria being assessed (for example, feeding, dressing, etc.).

Population and Age. The pupil's age is not a factor in administering the test, but the age needs to be considered in interpreting the test. This rating scale is not designed to compare the functioning of a child against the level of a so-called normal child's functioning; it is intended only to provide the teacher information about an individual child's abilities in the areas tested.

Estimated Time to Administer. The profile can be administered in ten to twenty minutes.

Test Materials

Test materials consist of a teacher's manual, record booklet, and a yearly comparative chart. Other materials needed become obvious when

assessing specific criteria. For example, feeding utensils would be needed when assessing a child in self-care skills dealing with food, etc.

Directions for Administration and Scoring

1. The teacher's manual provides detailed information pertaining to the administration and scoring of the scale. Familiarity with these materials is all that is needed to administer the test.

2. Essentially the examiner is to identify the pupil's functional level on a five-point scale varying from zero to four. The scale follows:

   0 = negative or nonperformance level
   1 = minimal performance level
   2 = limited acceptability
   3 = a realistic goal
   4 = performance above the goal

   Observable behaviors are listed for each scale. For example, in self-care skills dealing with food, items vary from zero (cannot drink from a glass or cup without spilling), to four (drinks from a variety of glasses and cups in an inconspicuous manner). The teacher is to select the child's functional level. When the functioning is between two scales the lesser rating is checked.

3. Best scoring may be achieved when various opinions of those who know the pupil can be consolidated in the rating. However, if information pertaining to a level of functioning cannot be obtained from those who know the child, a structured situation should be set up and the child observed.

4. Scoring procedures are explained in the manual and each topic is scored separately on a Topic Chart which gives a visual description of the child's functional behavior in each category. For example, in the area of social behavior each category is scored and a functional level identified for self-control, personality, group participation and amenities. These scores are converted on a chart (on the back of the protocol), providing a visual description of where the child is functioning in the major categories. With this information the teacher can establish goals and curriculum activities for the child.

5. A yearly progress index is also provided with the manual. This yearly comparative chart can provide information on the child's progress in the various behavioral categories throughout his years in the academic program.

6. The habile index can be utilized to establish a numerical measure of the child's ability. The numbers provide an easy method for the teacher to compare the child's progress over time. For example, if a child earned a habile index number of 23, and a later evaluation produced a habile index number of 30, the educator can assume that some progress has been made.

Interpretation

1. The TMR Performance Profile provides scaled criteria in several categories which would assist the teacher in establishing where a child is functioning, and what educational goals need to be achieved with the child. The global scores on the profile are probably not as useful as item analysis of the protocol itself, although the profile is a good instrument to provide yearly assessments of the child. However, the behavioral criterion and developmental charting do not go low enough to provide measurement for the severely or profoundly mentally handicapped at the lowest levels of functioning.

2. The test does not compare children against a normal population, but rather provides an opportunity to identify where a child is functioning, and through reassessment to see if changes have been produced as a result of program interventions.

3. The TMR Performance Profile has the advantage of providing a numerical score which can be compared with another score secured at a later date. The educator, however, would have to be careful about interpreting such scores as measures of progress. Another advantage is that some statistical analysis can be obtained.

4. The assessment device does not provide information about the general mental functioning of the child; this information would have to be secured from other assessment devices.

ABSTRACT

Name: Utah Test of Language Development

Authors: Merlin J. Mecham, J. Loren Jex, J. Dean Jones

Publisher: Communications Research Associates
Box 11012
Salt Lake City, Utah 84111

Cost: $16.50 complete; $1.10 per 25 record sheets; $5.50 per manual

The Utah Test of Language Development is a standardized assessment device which establishes a general score relating to the language development of the individual. The test provides information for ages between one and fifteen years. The device is simple enough to be administered by educators who become familiar with the test materials and the manual. The language age secured would be a suggested measure of the child's global functioning in receptive and expressive language abilities; a language quotient can also be secured. It is doubtful that the device is sensitive enough that behavioral change would be noted on a pre- postassessment basis with severe levels of mental impairment.

UTAH TEST OF LANGUAGE DEVELOPMENT

General Information

Brief Description of Test. The Utah Test of Language Development is an assessment device which can provide the educator with general estimates of a child's functional ability in communicative skills and language development. The test produces a language age and a language quotient.

Test Construction Format. The assessment device is a standardized test by which the child is compared against normative data.

Test Purpose. The assessment device would primarily serve as a screening instrument as the scales are not sufficiently detailed to be used for program development.

Type of Response. The test requires both verbal and nonverbal responses.

Population and Age. The device can be used on individuals who are severely handicapped and functioning on language levels below three years. The range of the test varies from one year to fifteen years of age.

Estimated Time to Administer. Testing time varies from twenty to forty minutes depending upon the examiner's familiarity with test materials and the ability of the subject.

Test Materials

The test consists of a manual, score sheets and an array of objects provided in the testing kit.

Directions for Administration and Scoring

1. The Utah Test of Language Development is a standardized test and the general rules for administering a standardized test must therefore be followed; a formal setting is required.

2. Scoring procedures consist of placing a plus (+) on the score sheet for the behavior items that are passed and a minus (-) for those failed. The basal score would be established at eight correct consecutive responses. The ceiling is established when eight consecutive minus scores are secured.

3. The total raw score is calculated by counting the number of correct responses from the basal score. This score would assist in securing a language age. A language quotient is obtained by dividing the child's language age by his chronological age. Directions for these procedures are outlined in the test manual.

4. It is felt that teachers who become familiar with the manual and test procedures would have the qualifications needed to use this assessment device.

Interpretation

1. The test provides a measure of the language development of individuals functioning at the lower levels (below three years) of mental ability, and would be used as a screening device. It cannot be used for establishing specific program objectives. Because the criterion scales are not detailed, it is doubtful that behavioral change would be noted as a result of intervention educational techniques. The score would primarily be useful in providing the educator with an estimated level of the child's functioning in both receptive and expressive language skills.

ABSTRACT

Name: Vineland Social Maturity Scale

Author: Edgar A. Doll

Publisher: American Guidance Services, Inc.
Publishers Building
Circle Plains, Minn. 55014

Cost: $2.00 per specimen test

The Vineland Social Maturity Scale provides information pertaining to social development of individuals. Global scores (age equivalent and social quotient) are obtained from this device. Some research has suggested that these scores are related to mental age and intelligence quotient in younger children. The Vineland is a developmental scale and the scores are secured by interviewing an informant who is familiar with the subject. Qualifications to administer the test are minimal but it is mandatory that the examiner understand the criteria as established by the manual. The general format of the test is to interview someone familiar with the subject and determine those criteria that the subject can and cannot meet. The test generally takes twenty to thirty minutes to administer. The age level of the test varies from birth to maturity; however, the developmental sequence of the evaluation terminates at age 25. Because the test does not require personal contact with the individual being assessed, the scale can provide information for all types of handicapped individuals.

VINELAND SOCIAL MATURITY SCALE

General Information

Brief Description of Test. The Vineland Social Maturity Scale is an assessment which provides a global score pertaining to the social developmental skills of an individual. The test provides an age equivalent (or social age) and a social quotient. These two scores are said to relate to mental age and intelligence quotient. The assessment is a developmental scale between birth and maturity.

Test Construction Format. The Vineland Social Maturity Scale is a standardized scale which provides normative data. Various maturational and behavioral criteria are established.

Test Purpose. The scale can be used as a screening device and as a diagnostic tool.

Type of Response. The test requires only that the examiner interview someone who is familiar with the individual being assessed or that the examiner himself be familiar with the subject.

Population and Age. The test assesses the developmental sequence of individuals from birth to parenthood. Because the test does not necessarily require any specific responses to instructions, it can provide information pertaining to any type of handicapped individual.

Estimated Time to Administer. Time to administer the Vineland Social Maturity Scale is from twenty to thirty minutes.

Test Materials

The Vineland Social Maturity Scale consists of a manual and a protocol in which to record the meeting of behavioral criteria. No other materials are necessary.

Directions for Administration and Scoring

1. Familiarity with the manual is necessary to administer the test. The scoring of the assessment can be rather difficult and it is necessary for the examiner to become very familiar with the information provided on pages 10-15 in the manual.

2. The interview technique of the one administering the scale is very important in obtaining the best possible score. For this reason the format suggested by the manual must be followed. If the examiner does not learn the test criteria and the requirements for each developmental item on the protocol, the interview with the informant does not provide the amount of description about the subject that could be obtained.

3. To secure a score on the Vineland Social Maturity Scale, the examiner places a plus by behavioral criteria which the subject can perform and a minus by behavioral criteria which the subject cannot demonstrate. In some cases the behavior may be observed but not established; these criteria would be scored with a plus and a minus, counting one-half point.

4. The assessment may require the administrator to set up a formal situation where the child can be observed on some specific items.

5. Once a raw score has been secured (number of plus criteria), a social age can be obtained by following the instructions. For example, a score of 26.5 would secure a social age of 1.56 years. The social age would be divided by the chronological age ($\frac{SA}{CA} = SQ$) to secure the social quotient. The terminal developmental age of this particular assessment is 25 years; therefore, for individuals older than 25, the social age would be divided by 25 years.

Interpretation

1. The Vineland Social Maturity Scale provides a global score of social age and can be used as a screening device by those who do not have sophisticated testing skills. Some research has suggested a correlation between social age and mental age, this being particularly true at the lower levels of functioning.

2. The test provides some diagnostic information when the developmental levels are item analyzed. These areas are: 1) self-help general, 2) self-help eating, 3) self-help dressing, 4) self-direction, 5) occupation, 6) communication, 7) locomotion, and, 8) socialization.

3. The test probably would not be sensitive to pretest-posttest behavioral change in the severely handicapped individual.

ABSTRACT

Name: Visual Motor Gestalt Test

Author: Lauretta Bender

Publisher: American Orthopsychiatric Association, Inc.
1790 Broadway
New York, New York 10019

Cost: $2.50 per one set, cards and manual

The purpose of the Visual Motor Gestalt Test is to provide information pertaining to brain dysfunction in younger children. It also can provide information about the functional age of some children in regard to perceptual motor abilities. The test does not require a high degree of sophistication in testing skills to administer, and can be scored and interpreted quite easily. However, when using this test as a personality assessment, sophistication in interpretation of personality materials is needed. The test consists of eight geometric forms presented to the subject independently; the pupil is then required to draw the design as he or she sees it. Time to administer the test is generally not more than fifteen minutes. The age group to which this test is applicable consists of children between the ages of four and ten years.

VISUAL MOTOR GESTALT TEST

General Information

Brief Description of Test. The Visual Motor Gestalt Test is primarily used to determine brain dysfunction. The test would not usually be used in the assessment of profoundly or severely retarded individuals, but on occasion could provide information for some individuals in this population.

Test Construction Format. The assessment is a standardized test administered in a formal setting.

Test Purpose. The Visual Motor Gestalt Test is generally used as a screening device to identify individuals suffering from some type of brain dysfunction. Also, it can be useful in providing information about the level of a child's abilities in perceptual motor skills.

Type of Response. The test requires that the individual draw a geometric form from a stimulus card.

Population and Age. The Visual Motor Gestalt Test is primarily confined to individuals between the ages of four and ten years. The task requires that the individual have the ability to draw the design shown on the stimulus card.

Estimated Time to Administer. The test generally takes fifteen minutes to administer.

Test Materials

The test consists of a manual and eight four-by-six-inch cards, each possessing a geometrical form to be reproduced by the examinee. There are several different types of scoring systems for the Bender Gestalt Test. One of those commonly used was devised by Elizabeth M. Koppitz, and is primarily used in the assessment of young children. (The Bender Gestalt Test for Younger Children, Elizabeth M. Koppitz, Grune and Stratton, Inc., 111 Fifth Avenue, New York, New York 10003, 1970. Cost: $12.50)

Directions for Administration and Scoring

1. The Koppitz Scoring System for the Bender Gestalt Test will be assessed and described in this section. The Koppitz must be obtained for use in administering the test as described.

2. The Bender Gestalt Test is easy to score when using the Koppitz System. Familiarity with the scoring section of the Koppitz book will provide the skills needed to score the test. The examiner counts the number of errors made in constructing the various designs. (In administering the Bender Gestalt it is important that the examiner orient the stimulus card properly to the paper on which the child is drawing. That is, the card would be placed parallel to the upper edge of the child's paper so that if he is having difficulty perceiving the object, his construction of the design will reflect this disability.)

3. After the errors have been identified, a functional age level can be obtained from Table 6 (page 188) of the Koppitz book. Mean error scores are provided opposite the corresponding age level. For example, an individual making 13 errors would be functioning on an age level between five years to five years, five months in this perceptual motor ability.

Interpretation

1. Interpretation of the Bender Gestalt as a personality test generally requires a high level of understanding of personality dynamics. The test generally is not a good indicator of emotional problems in mentally handicapped individuals and has little value for this population. Most teachers do not have the sophisticated testing skills needed to use the test as a personality assessment.

2. The test can provide information pertaining to brain dysfunction; familiarity with errors commonly made by brain damaged children can be useful to those working with severely mentally impaired students. Much of this information is provided in the Koppitz Scoring System, Table 19 (page 189) in the Elizabeth M. Koppitz book. As well as helping the classroom teacher in administering this test, the information could possibly make him or her more sensitive to brain-damage indicators in other curriculum activities.

3. Of the information provided by the Bender Gestalt, probably the most pertinent to the educator is a better understanding of how the child is perceiving his world in a perceptual motor task. Although this test could not generally be applied to individuals who are diagnosed as severely or profoundly mentally impaired, the information about the test and in the scoring system could assist the teacher in becoming sensitive to possible perceptual problems. For example, the teacher may become aware that the child is rotating figures or having difficulty completing closure. The test could also provide information pertaining to the age level of the child in perceptual motor skills.

APPENDIX A

Tests and Publishers

TESTS AND PUBLISHERS

*AAMD Adaptive Behavior Scale
American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D.C. 20015

Auditory Discrimination Test (Wepman)
Language Research Association
175 East Delaware Place
Chicago, Illinois 60611

*Austin Spanish Articulation Test
Learning Concepts, Inc.
2501 North Lamar
Austin, Texas 78705

Basic Concept Inventory
Follett Educational Corporation
1010 West Washington Blvd.
Chicago, Illinois 60607

Beery-Buktenica Developmental Test of Visual-Motor Integration
Follett Educational Corporation
1019 West Washington Blvd.
P.O. Box 5705
Chicago, Illinois 60607

*Behavioral Developmental Profile
Marshalltown Project, J. Montgomery
507 East Anson
Marshalltown, Iowa 50158

Burks Behavior Rating Scales
Arden Press
Huntington Beach, California 91734

*Bzoch-League Receptive-Expressive Emergent Language Scale
The Tree of Life Press
P.O. Box 447
Gainesville, Florida 32601

*Cain-Levine Social Competency Scale
Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306

*Instruments reviewed in this document

*California Preschool Social Competency Scale
Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306

Camelot Behavioral Checklist
Camelot Behavior Systems
P.O. Box 607
Parsons, Kansas 67357

Carolina Developmental Profile
TADS
625 W. Cameron Avenue
Chapel Hill, North Carolina 27514

Child Behavior Rating Scale
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, California 90025

*Callier-Azusa Scale
Callier Center for Communication Disorders
1966 Inwood Road
Dallas, Texas 75235

*Communicative Evaluation Chart from Infancy to Five Years
Educators Publishing Service, Inc.
75 Moulton Street
Cambridge, Massachusetts 02138

Comprehensive Training Program for Infant and Young Cerebral Palsy Children
Currative Workshop of Milwaukee
10434 W. Watertown Plank Road
Milwaukee, Wisconsin 53901

Cooperative Preschool Inventory
Cooperative Tests and Services
Educational Testing Services
Princeton, New Jersey 08540

*Denver Developmental Screening Test
Ladoca Project and Publishing Foundation, Inc.
East 51st Avenue and Lincoln Street
Denver, Colorado 80216

*Instruments reviewed in this document

Developmental Guidelines
Merle Karnes
University of Illinois
Urbana, Illinois 61801

Developmental Profile
Psychological Development Publications
7150 Lakeside Drive
Indianapolis, Indiana 46278

Developmental Screening Inventory
H. Knoblock
Department of Pediatrics
Albany Medical College
Albany, New York 12208

Developmental Task Analysis
Fearon Publishers
Belmont, California 94002

Down's Syndrome Assessment Inventory Forms
Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, Washington 98195

*Fairview Behavior Evaluation Battery for the Mentally Retarded
Fairview State Hospital
Research Department
2501 Harbor Blvd.
Costa Mesa, California 92626

*Harris Test of Lateral Dominance
The Psychological Corporation
304 East 45th Street
New York, New York 10003

Houston Test for Language Development
Houston Test Company
P.O. Box 35152
Houston, Texas 77001

Infant Behavior Inventory
Earl Shaefer and May Aaronson
National Institute of Mental Health
Rockville, Maryland 20850

*Instruments reviewed in this document

Inventory of Home Stimulation
Bettye Caldwell
University of Arkansas
814 Sherman
Little Rock, Arkansas 72202

Koontz Child Developmental Program
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, California 90025

*Lakeland Village Adaptive Behavior Grid
Lakeland Village
Medical Lake, Washington 99022

Learning Accomplishment Profile
Kaplan School Supply
600 Jonestown Road
Winston Salem, North Carolina 27103

Lexington Developmental Scale
United Cerebral Palsy of the Bluegrass, Inc.
P.O. Box 8003
465 Springhill Drive
Lexington, Kentucky 40503

Magnolia Motor Skills Battery
Westside Preschool Program
P.O. Box 428
Magnolia, Arkansas 71753

Manual for the Assessment of a "Deaf-Blind" Multiple Handicapped Child
Midwest Regional Resource Center for
Services to Deaf/Blind Children
P.O. Box 420
Lansing, Michigan 48902

**Meyer Children's Rehabilitation Institute
Early Childhood Education Program: Developmental Scales
444 South 44th Street
Omaha, Nebraska 63131

Modification of Leiter International Test
Suffolk Rehabilitation Center
159 Indian Head Road
Commack, New York 11725

*Instruments reviewed in this document
**See Appendix B

*Northwestern Syntax Screening Test
Dr. Laura Lee
Northwestern University
Evanston, Illinois 60201

*Peabody Picture Vocabulary Test
American Guidance Service, Inc.
Publishers' Building
Circle Pines, Minnesota 55014

Pennsylvania Training Model Individual Assessment Guide
Pennsylvania Training Model
123 Foster Street
Harrisburg, Pennsylvania 17102

Physician's Handbook for Screening for M.D.D.
CIBA Pharmaceutical Company
Division of CIBA - GEIGY Corporation
P.O. Box 608
Summit, New Jersey 07901

*Portage Project Checklist
Cooperative Educational Service
Agency No. 12
Portage, Wisconsin 53901

Porteus Mazes, Vineland Revision
Psychological Corporation
304 East 45th Street
New York, New York 11017

*Pre-school Attainment Record
American Guidance Service
Publishers's Building
Circle Pines, Minnesota 55014

*Primary Progress Assessment Charts of Social Development
N.A.M.H.
39 Queen Ann Street, W.1
London, England

*Programmatic Guide to Assessing Severely/Profoundly Handicapped Children
Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, Washington 98195

*Instruments reviewed in this document

Purdue Perceptual-Motor Survey
Merrill Publishing Company
1300 Alum Creek Drive
Columbia, Ohio 43216

Referral Form Checklist
National Technical Assistance Office
Rutland Center
698 N. Pope Street
Athens, Georgia 30601

Santa Clara Inventory of Developmental Tasks
Richard L. Zweig Associates
520 Richey Avenue
West Collingswood, New Jersey 08107

*Santa Cruz BCP Observation Booklet
Santa Cruz County Office of Education
701 Ocean Street, Room 200
Santa Cruz, California 95060

*Slosson Intelligence Test for Children and Adults
Slosson Educational Publications, Inc.
740 Pine Street
East Aurora, New York 14052

*The Southern California Sensory Integration Tests
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, California 90025

*T A R C Assessment System
H & H Enterprises, Inc.
P.O. Box 3342
Lawrence, Kansas 66044

*Test for Auditory Comprehension of Language, English/Spanish
Learning Concepts, Inc.
2501 North Lamar
Austin, Texas 78705

Test of Basic Experiences (Language Subtest)
CTB/McGraw-Hill
Del Norte Research Park
Monterey, California 93940

*Instruments reviewed in this document

*T.M.R. Performance Profile
Reporting Service for Children
563 Westview Avenue
Ridgefield, New Jersey 07657

*Utah Test of Language Development
Communication Research Associates
P.O. Box 11012
Salt Lake City, Utah 84111

*Vineland Social Maturity Scale
American Guidance Service, Inc.
Publisher's Building
Circle Pines, Minnesota 55014

*Visual Motor Gestalt Test
American Orthopsychiatric Association, Inc.
1790 Broadway
New York, New York 10019

*Instruments reviewed in this document

APPENDIX B

Meyer Children's Rehabilitation Institute
Early Childhood Education Program
Developmental Scales

These scales were developed at the Meyer Children's Rehabilitation Institute; they were subsequently reprinted in Council for Exceptional Children's Handicapped Children in Headstart Series, 88, 1974. Permission was received from the Meyer Children's Rehabilitation Institute and from the Council for Exceptional Children to reprint the developmental scales.

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name_____
Class_____
Birthdate_____
Teacher_____

Scoring
+Fully established
-Not established

Developmental Levels		Self-Help Behavior Objectives	Age	+/-	Date
	1.	Sucks and swallows.			
	2.	Takes hand to mouth with or without toy.			
	3.	Holds and transfers to mouth food requiring chewing.			
	4.	Takes cup to mouth.			
	5.	Takes spoon to mouth, licks spoon.			
I	6.	Cooperates for dressing; stands still for dressing.			
	7.	Holds out arms for clothing.			
	8.	Indicates wet pants (gestures and/or verbalization).			
	9.	Fills spoon with food and reaches mouth right side up.			
	10.	Verbalizes toilet needs.			
	11.	Pulls off shoes and pants.			
II	12.	Eats with spoon.			
	13.	Pulls down pants at toilet, but may not pull up.			
	14.	Sucks from plastic straw.			
	15.	Feeds self with little spilling.			
	16.	Puts on shoes, socks, and pull-over shirt.			
	17.	Buttons one button.			
III	18.	Controls bowels and bladder (does not soil or wet).			
	19.	Sucks from paper straw.			
	20.	Eats with fork.			
	21.	Unbuttons accessible buttons.			
	22.	Completely undresses self.			
	23.	Takes responsibility for toileting with supervision, manipulating clothing.			
IV	24.	Buttons large buttons.			
	25.	Distinguishes front from back of clothing.			
	26.	Puts on coat or sweater.			
	27.	Cuts with knife.			
	28.	Laces shoes.			
	29.	Buttons small buttons.			
V	30.	Zips open-ended zipper.			
	31.	Dresses and undresses without assistance.			
	32.	Washes and dries face and hands without getting clothes wet.			
	33.	Uses toilet by self without supervision			
	34.	Can brush and comb hair.			
	35.	Ties shoe laces.			
VI	36.	Spreads with knife.			

105

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name_____
Class_____
Birthdate_____
Teacher_____

Self-Help
Fine Hand

Scoring
+Fully established
-Not established

Developmental Levels			Age	+/-	Date
	1.	Looks at and/or manipulates hands.			
	2.	Closes hand upon tactile stimulation of palm (reflex grasp).			
	3.	Coordinates eyes with hands when picking up an object.			
	4.	Transfers an object from one hand to the other.			
	5.	Uses thumb opposed to several extended fingers to pick up pellet-sized objects.			
I	6.	Uses thumb and tip of index finger to pick up pellet-sized objects.			
	7.	Can release object voluntarily immediately.			
	8.	Uses two hands at midline: one hand holds, the other manipulates.			
	9.	Places five round pegs in pegboard.			
	10.	Begins to show hand preference.			
	11.	Strings one-inch beads.			
I	12.	Turns one page at a time.			
	13.	Uses wrist action in grasping objects.			
	14.	Removes wrapping from candy.			
	15.	Places six round pegs in pegboard.			
	16.	Hand preference is well developed.			
	17.	Rolls, pounds, squeezes, and pulls clay.			
I	18.	Strings 1/4" beads.			
	19.	Carries breakable object.			
	20.	Folds paper.			
	21.	Places six square pegs in holes.			
	22.	Uses scissors; cuts at random.			
	23.	Closes fist and moves thumbs.			
V	24.	Picks up pens, thread with fine prehension.			
	25.	Imitates spreading of hand and brings thumb into opposition with each finger.			
	26.	Builds a tower of ten or more cubes.			
	27.	Can place 20 small objects in a box spending no more than 30 seconds.			
	28.	Folds and creases paper three times on demonstration.			
	29.	Cuts with scissors, following a line.			
V	30.	Picks up minute objects when each eye is covered separately.			
	31.	Folds a triangle from six-inch square in imitation of model.			
	32.	Traces around a shape drawn on paper.			
	33.	Ties a single knot.			
	34.	Catches ball five-inches in diameter.			
	35.	Laces shoes.			
I	36.	Buttons two buttons quickly.			

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name _____
Class _____
Birthdate _____
Teacher _____

Motor
Locomotor

Scoring
+Fully established
-Not established

Developmental Levels			Age	+/-	Date
	1.	Travels by rolling, scooting on seat, or other form of creeping.			
	2.	Creeps reciprocally on hands and knees.			
	3.	Walks with both hands held; or supported by trunk.			
	4.	Walks sideways hanging onto furniture.			
	5.	Walks with one hand held.			
I	6.	Walks a few steps between people or supports.			
	7.	Walks across room, starts and stops; may still fall.			
	8.	Walks alone, seldom falls (with heel-toe gait).			
	9.	Runs well, no falling.			
	10.	Creeps or travels on seat up and down stairs.			
	11.	Walks up and down stairs with hand held.			
II	12.	Walks up and down regular stairs alone with rail.			
	13.	Copies walking backward six feet.			
	14.	Copies jumping down from regular step, both feet together.			
	15.	Rides tricycle using pedals; may still put feet down to turn.			
	16.	Copies walking on tiptoes a few steps when indicated.			
	17.	Walks up and down regular stairs without rail; may alternate up but steps to same step down.			
III	18.	Copies walking ten-foot line without stepping off.			
	19.	Rides a tricycle using pedals while turning.			
	20.	Copies jumping five times rapidly in place.			
	21.	Copies jumping forward 8-10 inches from standing position.			
	22.	Copies galloping (skips on one foot only).			
	23.	Alternates feet up and down regular stairs without support.			
IV	24.	Copies hopping two-four times on each foot without touching down.			
	25.	Copies marching with legs high.			
	26.	Copies jumping backward 8-10 inches from standing position.			
	27.	Copies jumping forward 10-36 inches from a standing position.			
	28.	Copies walking on tiptoes long distances when indicated.			
	29.	Copies hopping 16 feet without touching down on each foot.			
V	30	Copies skipping, alternating feet with ease.			

107

		Age	+/-	Date
31.	Copies walking backward toe-to-heel six feet.			
32.	Copies jumping over obstacle three to four inches high.			
33.	Copies jumping down from a height of 12 inches or more with both feet.			
34.	Copies jumping forward 36-38 inches from a standing position.			
35.	Copies jumping and doing an about-face, landing on toes.			
36.	Copies hopping 50 feet in a short time on each foot.			

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name_____
Class_____
Birthdate_____
Teacher_____

Motor
Upright Posture

Scoring
+Fully established
-Not established

Developmental Levels			Age	+/-	Date
	1.	Raises head and supports self on forearms.			
	2.	Rolls from back to stomach.			
	3.	Sits on floor briefly with arms propped or with support.			
	4.	Sits steadily on floor at least ten minutes without support (other than W-sitting).			
	5.	Gets into sitting position without assistance or holding furniture.			
I	6.	Pulls self to standing position by furniture.			
	7.	Stands briefly without support.			
	8.	Gets up to stand from mid-floor by turning on all fours.			
	9.	Seats self directly backwards on small chair.			
	10.	Squats to play without using hands for balance.			
	11.	Copies kicking large ball without holding onto support.			
II	12.	Picks up toy from floor without support.			
	13.	Copies trying to stand on one foot.			
	14.	Copies throwing small ball five-six feet without falling.			
	15.	Catches large ball (8") with elbows straight at close distance.			
	16.	Copies standing briefly with heels together and arms at sides.			
	17.	Copies standing briefly on tiptoes.			
III	18.	Copies standing on one leg momentarily (1-3 seconds).			
	19.	Swings on regular playground swing when pushed.			
	20.	Copies throwing small ball overhand long distance with fair direction.			
	21.	Catches large (8") ball at 5 feet (elbows flexed).			
	22.	Gets up from mid-floor by partial rotation to side and using hands.			
	23.	Copies standing heel-to-toe with arms at sides for three seconds.			
IV	24.	Copies standing on one leg four to eight seconds.			
	25.	Gets up from mid-floor without rotation but uses hands on floor or legs.			
	26.	Climbs to playground slide and slides down.			
	27.	Catches an eight-inch ball when bounced to child.			
	28.	Gets up from mid-floor without rotation or using hands.			
	29.	Copies standing on tiptoes, eyes open, for 3 seconds.			
V	30.	Copies standing on one leg ten seconds or more.			

	Age	+/-	Date
31. Climbs playground jungle gym.			
32. Copies bouncing and catching large ball (8") in place.			
33. Catches small ball thrown five to six feet.			
34. Copies standing on tiptoes with eyes closed for 3 seconds.			
35. Copies standing with heels together and arms at sides indefinitely.			
36. Copies standing on one leg with eyes closed for 5 seconds.			

VI

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name_____
Class_____
Birthdate_____
Teacher_____

Self-Help
Body Perception

Scoring
+Fully established
-Not established

Developmental Levels		Age	+/-	Date
	1. Vocalizes and smiles to touching and handling.			
	2. Watches hands move.			
	3. Engages in sensory exploration of objects with hands, mouth, or eyes (light gazing).			
	4. Plays with body, hands, feet, clothing.			
	5. Localizes by touching spot and/or searches for object touched to body part or surface.			
I	6. Indicates beginning imitative movement in baby games.			
	7. Identifies one body part.			
	8. Identifies one body part on another person or doll.			
	9. Moves self or push-pull toy directionally (sideways and backwards in play) without awareness of directional concepts.			
	10. Identifies three parts on self (face, arm, leg, hand, stomach).			
	11. Identifies three parts on another person or doll.			
	12. Imitates gross postures and locomotor patterns in general way: rolling, crawling, sitting down,			
II	standing up, jumping.			
	13. Imitates simple bilateral limb movements directionally, up-down, front-back, side.			
	14. Imitates simple head & trunk movements directionally.			
	15. Imitates placing stomach or front by object in space ("Put your tummy by the chair").			
	16. Identifies parts on self: hair, nose, eyes, mouth, chin, teeth, hands, fingers, feet and back.			
	17. Identifies parts on another person or doll.			
III	18. Points to body parts on drawing of figure.			
	19. Imitates placing back to object or indicating verbally if unable.			
	20. Imitates unilateral limb movement with ability to inhibit other limbs.			
	21. Imitates directional backward movement of body in several postures or by indicating verbally if unable.			
	22. Identifies parts on self: tongue, neck, thumb, first and little finger, and side.			
	23. Identifies parts on another person or doll.			
IV	24. Draws head of person and usually one other part.			

		Age	+/-	Date
	25. Imitates placing side by object or indicates verbally if unable.			
	26. Imitates sideways movement of body in several postures or indicates understanding verbally if unable.			
	27. Identifies parts on self: shoulders, elbows, knees, middle and ring fingers.			
	28. Identifies parts on another person or doll.			
	29. Imitates two-step unlearned movement sequence.			
V	30. Draws three additional parts on drawing of incomplete man.			
	31. Indicates beginning awareness of right-left parts by imitating movement of corresponding limb ("Move the same arm that I do").			
	32. Plans creative movement on request without imitation.			
	33. Imitates three-step movement sequence-unlearned.			
	34. Imitates selective finger movements in finger play games.			
	35. Identifies right-left parts by moving/touching named part.			
VI	36. Draws recognizable man with head, trunk, legs, arms, features.			

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name_____
Class_____
Birthdate_____
Teacher_____

Social Development
Personal-Social

Scoring
+Fully established
-Not established

Developmental Levels			Age	+/-	Date
	1.	Regards person momentarily.			
	2.	Responds to voice by activity-attention expression.			
	3.	Responds to a smile by smiling.			
	4.	Anticipates being lifted by smiling.			
	5.	Plays games such as "pat-a-cake."			
I	6.	Imitates the actions of the teacher (such as patting a doll).			
	7.	Repeats behavior attended to by the teacher.			
	8.	Engages in duplicate behavior.			
	9.	Explores the environment energetically.			
	10.	Cooperates in rest periods, in routine classroom procedures.			
	11.	Identifies own possessions.			
II	12.	Participates in simple make-believe activities such as play house.			
	13.	Defends own possessions.			
	14.	Plays near others but not with them.			
	15.	Handles items carefully and does not break toys purposely.			
	16.	Avoids hazards such as items which are hot, ledges, moving objects.			
	17.	Participates in circle games (such as "Ring-around-the-rose").			
III	18.	Is aware of routines.			
	19.	Shares own playthings with the other children.			
	20.	Plays creatively with toys, trains, etc.			
	21.	Engages in interactive games with other children.			
	22.	Performs for others: sings, recites, or dances without prompting.			
	23.	Helps teacher put toys away.			
IV	24.	Waits and takes turn when playing group games with a minimum of external control.			
	25.	Enjoys dressing up in adult clothes.			
	26.	Shows concern and sympathy for playmates in distress.			
	27.	Attends for stories and group activities without external control.			
	28.	Completes projects started.			
	29.	Makes decisions easily and appropriately.			
V	30.	Gets along with a minimum of fighting in small groups.			

	Age	+/-	Date
31. Cooperates with companions when playing and does what they ask.			
32. Chooses own friends.			
33. Plays games by the rules as set up by teacher or classmates.			
34. Is tender and protective toward younger children and pets.			
35. Continues dramatic play from day-to-day.			
36. Invents imaginative stories.			

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name _____
Class _____
Birthdate _____
Teacher _____

Pre-Academic
Memory and General Information

Scoring
+Fully established
-Not established

Developmental Levels			Age	+/-	Date
	1.	Is aware of own hands as part of self by playing with them.			
	2.	Can identify a new or different teacher.			
	3.	Recognizes mother or familiar caretaker when she enters the classroom.			
	4.	Will look for the contents of a box previously shown.			
	5.	Will unwrap a toy which has been wrapped.			
I	6.	Recognizes several familiar teachers or therapists.			
	7.	Demonstrates awareness and enjoyment of daily classroom routine by smiling or telling the teacher.			
	8.	Distinguishes edible vs. nonedible items.			
	9.	Demonstrates use of toy car or train by playing with them in an appropriate way.			
	10.	Knows way to bathroom and playground and demonstrates by going there or pointing or telling the way.			
	11.	Identifies own outdoor clothing and looks for it when time to go.			
II	12.	Identifies a broken toy and tries to put it together.			
	13.	Identifies all his own clothes as being his and not others'.			
	14.	Responds correctly to "Bring me one cookie" versus "Bring me many cookies."			
	15.	Repeats two-word phrases upon request.			
	16.	Answers "Yes" or "No" appropriately when asked, "Are you a boy/girl?"			
	17.	Gives full name upon request.			
III	18.	Names at least one color.			
	19.	Matches at least two primary colors using blocks.			
	20.	Reports daytime or nighttime when asked.			
	21.	Accurately counts three objects correctly.			
	22.	Identifies which stick is long when given two sticks two and three inches long.			
	23.	If shown a picture of an animal, the child finds that animal's picture among others.			
IV	24.	Recites at least one nursery rhyme from memory.			
	25.	Identifies nighttime activities & daytime activities.			
	26.	Counts four objects and answers correctly to "How many have you counted?"			
	27.	Correctly labels several coins.			
	28.	Correctly labels and matches four primary colors using color blocks.			
	29.	Gives correct home address upon request.			
V	30.	Tells age and birthdate.			

115

Pre-Academic, Memory and General Information

		Age	+/-	Date
	31. Can report what number comes after eight.			
	32. Can count six balls when asked "How many?"			
	33. Can identify season when shown pictures of winter and summer and asked "Which is wintertime?"			
	34. Can tell number of pieces if object is cut in half.			
	35. Knows how many pennies make a nickel.			
VI	36. Knows how many days make a week.			

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name _____
Class _____
Birthdate _____
Teacher _____

Pre-Academic
Visual Motor Perception

Scoring
+Fully established
-Not established

Developmental Levels			Age	+/-	Date
	1.	Visually attends to a block placed before him.			
	2.	Visually pursues a ring moved past midline.			
	3.	Persistently reaches for an attractive toy beyond reach.			
	4.	Places one large round form in a formboard.			
	5.	Attends to teacher's scribbling on paper.			
I	6.	Imitates the teacher's demonstration of scribbling.			
	7.	Places several pegs in a pegboard.			
	8.	Spontaneously scribbles with crayon.			
	9.	Places at least one square and one circle in a simple formboard.			
	10.	Stacks three blocks in imitation of the teacher.			
	11.	Differentiates a stroke from a scribble.			
II	12.	Imitates a vertical stroke with a crayon.			
	13.	Tries to right a familiar picture if presented upside down.			
	14.	Stacks at least four blocks in imitation.			
	15.	Correctly nests four small square boxes.			
	16.	Imitates a horizontal stroke.			
	17.	Stacks eight blocks in imitation.			
III	18.	Makes a circle from a model drawing.			
	19.	Builds a three-block in imitation.			
	20.	Sorts objects on basis of color (red & green blocks).			
	21.	Successfully compares large with small object (ball).			
	22.	Reassembles a circle which has been cut in half.			
	23.	Stacks nine 1-inch blocks.			
IV	24.	Draws an oblique cross in imitation.			
	25.	Matches at least four pictures of common objects.			
	26.	Prints a few letters on paper.			
	27.	Holds paper with other hand when writing.			
	28.	Reproduces a six-cube bridge in imitation of the teacher.			
	29.	Draws a square from a model drawing.			
V	30.	Reassembles a circle which has been cut in four pie-shaped pieces.			
	31.	Draws a simple house with doors, windows, roof, etc.			
	32.	Reassembles a rectangle which has been cut diagonally.			
	33.	Draws a triangle from a copy.			
	34.	Prints numbers from one to five unevenly.			
	35.	Folds a six-inch square paper twice to form a triangle in imitation.			
VI	36.	Can match twelve pictures of common objects.			

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name_____
Class_____
Birthdate_____
Teacher_____

Language
Expressive

Scoring
+Fully established
-Not established

Developmental Levels			Age	+/-	Date
	1.	Varies cry in pitch, length, and volume to indicate needs.			
	2.	Makes "comfort" sounds (reflexive vocalization).			
	3.	Laughs, cries, uses vowel sounds.			
	4.	Babbles.			
	5.	Echoes.			
I	6.	Says several meaningful words.			
	7.	Gestures to indicate what he wants to do (points or leads others, e.g., sink, toilet, or cookie jar).			
	8.	Vocalizes what he wants to do in jargon (unintelligible conversation).			
	9.	Uses exclamatory expressions appropriately ("Oh-oh" "No-no").			
	10.	Uses 6-20 recognizable words appropriately.			
	11.	Echoes part of sentence or last word addressed to him.			
II	12.	Combines two words ("All gone," "Drink milk," "Open door").			
	13.	Uses 6 names of familiar objects (cookie, cube, ball).			
	14.	Names 5 pictures of common objects (baby, table, tree).			
	15.	Combines three words.			
	16.	Verbalizes toilet needs.			
	17.	Asks for another by using "more" consistently.			
II	18.	Uses "me and you" in speech.			
	19.	Expresses a desire to take a turn by saying "My turn," or his own name ("Billy's turn" or "Billy").			
	20.	Tells actions of action pictures upon request: eat, sit.			
	21.	Gives first and last name when encouraged to do so.			
	22.	Can give simple accounts of experience in correct sequence with relevant detail.			
	23.	Uses prepositions such as: in, on, beside, under, above, and below, appropriately when asked to describe his own body position (4 prepositions).			
IV	24.	Carries on long conversations, asks "why" questions.			

118

		Age	+/-	Date
	25. Tells a familiar story as he looks at pictures in picture book (Three Bears). May leave out portions not represented by pictures.			
	26. Names all primary colors when shown toys or crayons of different colors.			
	27. Tells sex and age when asked, "Are you a boy or a girl?" "How old are you?"			
	28. Explains why picture does not belong in category.			
	29. Uses abstract words appropriately: happy, mad, sad, fun (four of them).			
V	30. Uses speech that is intelligible in most situations.			
	31. Verbalizes with correct grammatical structure and form.			
	32. Relates fanciful tales as imaginative expression.			
	33. Identifies penny, nickel, and dime with appropriate name.			
	34. Asks meanings of new words ("What does that mean?").			
	35. Recites numbers to thirties upon being asked to do so.			
VI	36. Counts 13 objects correctly in response to question "How many?"			

Meyer Children's Rehabilitation Institute Early Childhood Education Program
Developmental Scales

Name _____
Class _____
Birthdate _____
Teacher _____

Language
Receptive

Scoring
+Fully established
-Not established

Developmental Levels		Age	+/-	Date
	1. Reacts to sound of normal intensity.			
	2. Turns toward sound source.			
	3. Responds selectively to own name.			
	4. Responds with gesture to "bye-bye."			
	5. Obeys "Give it to me" using a ball.			
I	6. Follows simple commands: "Sit down," "Come here."			
	7. Identifies these objects by pointing or giving to teacher (ball, cup, shoe, spoon).			
	8. Identifies one facial body part on self by appropriate gestures (opening mouth, blinking eyes, pointing).			
	9. Identifies pictures of ball, cup, shoe, and spoon when named by pointing.			
	10. Follows simple directions: "Bring me your ball."			
	11. Differentiates two environmental sounds by pointing to appropriate noise maker.			
II	12. Gives "just one" object from many.			
	13. Answers correctly to "What do you hear with?"			
	14. Answers 6 out of 10 questions; orally gestures or picture pointing.			
	15. Identifies seven out of ten named pictures.			
	16. Follows command involving prepositions.			
	17. Identifies 2 out of 3 pictured actions by pointing.			
II	18. Demonstrates object use (telephone, comb, toothbrush).			
	19. Classifies six objects/pictures into categories correctly.			
	20. Matches pictures to show association (4 of them).			
	21. Plays "Simon says" and is able to follow commands.			
	22. Demonstrates meaning of words "in" or "on" by either following commands or selecting appropriate pictures.			
	23. Identifies named actions in pictures.			
IV	24. Separates similar objects into categories correctly (three different chairs, three different tables).			
	25. Demonstrates meaning of more abstract words by [illegible]antomine.			
	26. [illegible]emonstrates object use from pictures.			
	27. Follows three-part commands consistently.			
	28. Selects picture which does not belong (apple, banana, pear, turtle).			
	29. Protests inaccurate information (two out of three).			
V	30. Identifies all primary colors when named.			

120

		Age	+/-	Date
	31. Identifies chin, elbow, knee, and ankle on self when requested to do so.			
	32. Matches pictures of opposites.			
	33. Responds pointing to pictures to show the boy who is walking, the girl who is sitting.			
	34. Responds correctly to these questions by naming or pointing to pictures ("Which is older--man or baby?").			
	35. Sequences four pictures to tell a story.			
VI	36. Gives three objects on request.			

121

APPENDIX C

Operational Definitions

OPERATIONAL DEFINITIONS

Assessment is used to describe the gathering of information about an individual's capabilities, abilities and characteristics.

Basal Age refers to that point or level of functioning on a test where it is assumed that the subject possesses the knowledge below that level. On many standardized assessments a basal age needs to be established. Generally it is that age level just prior to the first error made. Most tests require a certain number of correct responses in sequence before a basal level is established.

Behavior Modification is a technique by which behavior is changed through the arrangement of environmental contingencies to increase or decrease and maintain the specified behavior.

Ceiling is used in psychometrics as that level established by a test where it is assumed that the subject cannot progress any further. Most psychological assessments establish a ceiling on the test by establishing a certain number of times failed before it is assumed the subject could pass no more items.

Chronological Age refers to the life age of the individual, in years and months.

Criterion-Referenced Test is made up of a series of items that contain a skill requirement and conditions that state adequate performance of the skill, i.e., contain criteria.

Developmental Scale is a series of items that represent levels of acquisition or acquisition of components of a skill or set of skills arranged in acquisition order. Addition of approximate age levels associated with items converts the developmental scale into a developmental schedule.

En Route Level is a series of points in the developmental sequence attained in acquistion of the terminal skill level.

Entry Level is the beginning teaching point of a skill or the first point in the developmental sequence beyond the individual's skill level.

Evaluation is used to describe the gathering of information about the effectiveness of an intervention program.

Exit Level is the point in the developmental sequence of the skill that is considered to represent skill acquisition.

Expressive Language refers to verbal communication of the language on a vocal basis.

Global Intellectual Measurement, as used in this document, refers to those tests which primarily assess all the intellectual abilities rather than any specific ability. Many theorists assume that intellectual functioning is a result of many specific abilities. Some assessment devices are directed at assessing some of the specific abilities, while others are more interested in the composite of these abilities.

Intelligence Quotient (IQ) is the measure of a child's mental development up to the age to which he is tested. This is generally computed by dividing the mental age as established by a standardized test with his chronological age and multiplying by 100 to avoid decimals.

Item Analysis refers to the analyzing of specific, individual items on the protocols of the assessment devices. Item analysis generally consists of noting what items were passed and what types of abilities they measure, and those items that were failed and what types of abilities they measure.

Language Age is a term used in some assessment devices for the developmental level of language skills and is intended to convey the mental age functioning in language abilities.

Language Quotient is a term used to express the child's development in language abilities as a ratio with his chronological age, and is generally obtained by dividing the language age as secured by standardized tests by the chronological age of the individual.

Lateral Dominance refers to the body side preference of an individual. Generally this is in terms of preferred hand, preferred eye, and preferred foot.

Mean is a statistical term which represents an average of all other scores obtained in a population. For example, in intelligence testing the average IQ or mean IQ would be 100.

Mental Age is the level of development in intelligence expressed in equivalents of life age; that is, the expected intellectual level functioning of the average child at that age level.

Nonstandardized Tests require no particular method of administration of the test items. Any method of presentation of test items is acceptable.

Norm is a designated standard of average performance of people of a given age, background, etc.

Normal Curve is a bell-shaped curve used in statistics to show a distribution of probability associated with different values of a variant.

Norm-Referenced is made up of items that have been determined to be within the capabilities or characteristic of a majority of individuals to whom they are presented at a given age or time.

Percentile tells the percentage of children who had the same or lower score on the assessment instrument.

Postassessment Level refers to the level of function or of skill development measured immediately following the conclusion of the intervention program.

Preassessment Level refers to the level of function or of skill development measured immediately prior to implementation of an intervention program.

Protocol is the record of the results of an experiment, and in the case of psychological testing, the instrument on which the responses are recorded during the evaluation.

Receptive Language is the ability of the child to receive and understand verbal and manual language.

Social Age is a term used in many social assessment devices and is comparable to mental age (see mental age).

Social Quotient is a developmental score used on some social assessment devices; it is similar to the intelligence quotient.

Standard Deviation is a measure of the dispersion of variability in a whole distribution. For use in this document, and in the interpretations of tests discussed in this document, the information which should be understood by the educator is the percentages under any given portion of the normal curve as divided by the standard deviation. This information can be secured from any introductory statistical book.

Standardized Tests require a uniform (or standard) method of administration of a set of specific (or standard) items for proper interpretation. Standardized tests typically include a manual which specifically states the standard method of administration.

APPENDIX D

Suggested Personnel Qualifications for the Administration of Assessment Instruments

SUGGESTED PERSONNEL QUALIFICATIONS FOR THE ADMINISTRATION OF ASSESSMENT INSTRUMENTS

Tests specified in the New Mexico Special Education Regulations as being "required" tests to establish special education eligibility must be administered by a certified educational diagnostician. In unusual instances (such as with certain behavioral/developmental scales where the diagnostician is unfamiliar with the child being assessed) it may be appropriate for a teacher who is familiar with the child, the particular test, and good testing practices in general, to administer the instrument. However, it is still required that a certified diagnostician cosign the test protocol. Other recommended or additional tests administered for educational programming purposes or the development of the Individualized Education Program (IEP) and not required prior to eligibility determination do not necessarily need to be administered by diagnosticians. However, any person administering such tests should be knowledgeable about the specific tests being administered and testing practices in general. The table below should provide guidance to New Mexico educators; others should check the rules and regulations governing student assessment for their own states.

	Administrator Qualifications	
	Teacher	Ed. Diag.
AAMD Adaptive Behavior Scale	X	X
Austin Spanish Articulation Test		X
Behavioral Developmental Profile	X	X
Bzoch-League Receptive-Expressive Emergent Language Scale	X	X
Cain-Levine Social Competency Scale	X	X
California Preschool Social Competency Scale		X
Callier-Azusa Scale	X	X
Communicative Evaluation Chart from Infancy to Five Years		X
Denver Developmental Screening Test	X	X

-continued-

	Administrator Qualifications	
	Teacher	Ed. Diag.
Fairview Behavior Evaluation Battery for the Mentally Retarded	X	X
Harris Test of Lateral Dominance	X	X
Lakeland Village Adaptive Behavior Grid	X	X
Northwestern Syntax Screening Test		X
Peabody Picture Vocabulary Test	X	X
Portage Project Checklist	X	X
Preschool Attainment Record (PAR)	X	X
The Primary Progress Assessment Chart of Social Development	X	X
A Programmatic Guide to Assessing Severely/Profoundly Handicapped Children	X	X
Santa Cruz BCP Observation Booklet	X	X
Slosson Intelligence Test for Children and Adults		X
The Southern California Sensory Integration Tests		X
TARC Assessment System	X	X
Teacher Constructed Inventory of Development	X	X
Test for Auditory Comprehension of Language, English/ Spanish	X	X
TMR Performance Profile for the Severely and Moderately Retarded	X	X
Utah Test of Language Development	X	X
Vineland Social Maturity Scale	X	X
Visual Motor Gestalt Test		X